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ORIGINAL COMMUNICATIONS.

Observations on the Constitutions, according to the classification of Recamier. By CHARLES B. VOIGT, M. D.

The expression constitution, as it occurs in common use, is often employed with reference to the powers and condition of the system collectively contemplated, as when a debilitated and cachectic state is spoken of as a vitiated or bad constitution. It is also frequently used with particular reference to the vital powers alone, as a strong or feeble constitution, and the like. Without intention of opposing these appropriations of the term, the meanings of which may be sufficiently manifest, at least in the connections in which they occur, the object of the following remarks is to invite attention to the subject of the constitutions in a stricter understanding of the term than applies to it in such and similar acceptations.

I allude to the constitutions as they are classified by Recamier and adverted to in the Manual of Pathology by Martinet.* The reference which is made to them in the work in question is brief and of a very general character; but as they would seem, as distinguished by the classification of these authorities, to be founded in nature, and to involve points of practical interest, they would appear entitled to more attention than I am aware of their having usually attracted.

*Page 29.

To exhibit the views of the authorities above referred to on this subject, I will quote the passage from the *Manual of Pathology* in which they are presented. It is as follows:—"A knowledge of the constitutions will enable us to foresee in a great measure the form which diseases are likely to assume, and the course they will probably run. According to Professor Recamier, constitutions may be divided into the active, passive, ataxic, and refractory. Observation has shown that in persons who present the characters of the active constitution, namely, those whose functions and actions are performed with energy and regularity, the return to health is more prompt and easy, and their diseases are more regular and less fatal, if properly treated from the commencement; that in those of a passive constitution, whose functions and actions are feeble, slow and dull, though still regular, diseases are tedious in their progress, and tardy in their return to health, and consequently have a tendency to remain stationary; that in those, whether active or passive, who are of an ataxic habit, that is, who exhibit in their different vital phenomena, any incoherence, irregularity, or confusion, diseases will present similar characters, will arise from apparently insufficient causes, and often assume such a formidable character as to render it impossible to arrest their progress; lastly, in persons whose constitutions are such as to merit the appellation of refractory, that is, who manifest a certain energy in their functions, with considerable resistance in their disturbance, disease when once excited presents a similar tenacity, and generally resists every method of treatment."

It will be perceived that the constitutions in this passage are based upon certain characters of "functions and actions," and "vital phenomena," which are represented as peculiar in particular individuals, and as exerting special influences upon the phenomena and progress of disease. Admitting the constitutions as they are here contemplated and distinguished, observation leads me to refer their basis more explicitly to three general properties of the organic system, or at least of near alliance to the vascular system. With a view to brevity, they may be succinctly specified in this place. They are, 1st, Irritability of the organic system, or the susceptibility to organic impressions. 2dly, The mode of action of the vascular system, or the peculiar tendency or determination of action which the latter is liable to assume under the perturbations of disease* 3dly, The tone,

*In one class of persons a peculiar tendency of determination towards the periphery will be observed; in another, the tendency of action is concentrative; and in a third it may be more peculiarly introversive or centripetal.

These peculiarities of action are disclosed on the supervention of disturbances in the habitual equipoise of health.

strength, or power of the organic system. These properties are common to all individuals, but as they occur under peculiar and different characters in different classes of persons, a foundation is afforded for the distinction of different and particular constitutions.

In the above extract four forms of constitution are specified, the "active," "passive," "ataxic" and "refractory." Possibly there may be adequate grounds for this four-fold distinction; but so far as my own observations on this subject have extended, I can claim familiarity with three only, namely, the active, passive and refractory.

With ataxic phenomena I have seldom met, and consequently have but an imperfect practical acquaintance with them. In the few instances in which I have witnessed them, they appeared to complicate what I supposed ordinary examples of the active and refractory forms of constitution; and indeed in the above quoted passage, they are referred to and spoken of as a "habit," and as liable to occur in conjunction with the phenomena of the active and passive constitutions. Hence it might be observed that if they are not liable to be presented as an individual and fundamental type of organic action and independent of others, they can scarcely be considered entitled to be assumed as the basis of a particular constitution. But on the supposition that they are secondary or accessory phenomena, liable to complicate others of more steady and constant occurrence, they may be important, by combination with the latter, in establishing compound constitutions. On this view, if well founded, there might be an ataxo-active constitution, &c., but not a simple ataxic form.

Not disposed to underrate the importance of ataxic irregularities in disease, in which they are sometimes the most conspicuous or serious of the morbid disturbances,—for reasons above referred to, I shall omit their further consideration in the ensuing remarks, and depend upon the general allusion which they have thus incidentally received, to expose, in some measure, the connection which they sustain with this subject. Whether they should be ranked as the basis of a special constitution, or viewed only as an extraordinary element, occasionally compounding more constant and regular phenomena, may be left to further investigation to determine. Perhaps, in some instances, they may be more dependent upon particular morbid states and depravations, than on fixed and habitual dispositions of the organism. Perhaps, on the property of irritability, when existing in high development and unusual excitability; or finally, on the concurrence of both these conditions.

Omitting then the "ataxic" constitution, but three remain,

namely, the passive, the active and the refractory, and assuming the three organic properties before referred to as their basis, I shall correspondently dispose and restrict the remainder of the subject.* These three forms of constitution appear well characterized and are generally easily recognized.

1. *Of the Passive Constitution.*

Torpor or bluntness of organic sensibility is a prominent feature of this constitution. The organic actions are slow and unenergetic, and readily conform to therapeutic impressions. Inflammation is seldom intensely acute; generally of slow progress; and not prone very rapidly to eventuate in disorganization. Action tends to the periphery, though it is not vigorously supported in the direction which it affects. Hence it is liable to disturbances and inward and local accumulations; but as the system is unirritable, much acuteness of capillary action is not always induced by them, and the system will often right itself before material suffering has been sustained. Irritation occurring in this constitution, rather tends to assume a subacute or chronic form, and may endure for a considerable period without implicating very serious consequences upon the parts affected. Stimuli are better tolerated than in the other forms of constitution, and in moderate quantities are not very perturbing to the vascular system. It is an organization which is easily tranquillized when the subject of disease, and for the most part soon relieved by therapeutic means. It is centrifugal in its mode of action; ductile under treatment; and easily exhausted.

2. *Of the Active Constitution.*

This form of constitution is distinguished by susceptibility to organic impressions and mobility of nervous and vascular action. Disease evinces a higher grade of acuteness than in the preceding, and is liable to involve more serious consequences by protracted duration. The actions of the system may be very easily and promptly roused, and in disease may be very readily over-excited. In febrile cases, in particular, collapse, or complete introversion of action is sometimes suddenly witnessed in the active constitution as a result of treatment unduly potent or stimulating. Congestions are prone to occur.

Two or three classes and some varieties of this constitution are distinguishable in practice. In one the organic powers are easily exhausted; in another they are more tenacious and strong; and in a third irritability is more particularly conspicuous. Ex-

*A separate and detailed account of these organic properties has been omitted. They are specially alluded to under the several constitutions.

citability of organic action, correspondently modified by these peculiarities, is the character of all. The temperaments* probably contribute to the particular modifications of this and other forms of constitution.

3. *Of the Refractory Constitution.*

As the epithet imports, this form of constitution evinces a decidedly untoward or intractable tendency in the character of its actions. Even in the ordinary state of health, some degree of excitation or irritation is liable to exist upon some of the membranes, organs, or internal surfaces, and to correspondently affect and disturb the organs and functions associated with the seat of disorder. When the subject of acute disease, the latter usually assumes the highest grade of intensity, and is peculiarly difficult of reduction and control. It tends to active effusions and modifications of structure, or to settle in a confirmed chronic state. It presents the firmly contracted or wire-like pulse, implicates the severest suffering, and evolves a crowd of violent symptoms. Instead of the centrifugal tendency, vascular action evinces a decided disposition to local concentration and excess, and as most frequently observed, upon locations verging towards the axis of the system.

Irritability or organic sensibility is very conspicuous. It exhibits, in this constitution, its maximum of intensity and keenest susceptibility. If it be unduly excited in disease, it reacts upon and is sure to aggravate a local affection. The increment of excitement or activity imparted to the system, instead of taking a centrifugal direction, appears to bend itself upon the local disease, and to produce an evident aggravation of its condition. As developed in this constitution, this property is cognizable by its susceptibility to impressions, and extreme intolerance of excitation in disease.

Organic strength is vigorous, and endurance great.†

The subject may be concluded by some brief remarks, founded upon the peculiarities which distinguish the particular forms of constitution which have been adverted to in the preceding descriptions.

The lowness of irritability, moderate or feeble organic power, and tendency to centrifugal action, indicate, in the passive constitution, that depletion and the antiphlogistic system should be

*The temperaments, it might be remarked, refer to the organic systems or tissues; the constitutions, as here understood, to organic properties.

†The above applies to a strongly characterized example of the refractory constitution.

cautiously imposed. On account of the lowness of irritability, stimuli, with a view to an alterative action, when required, may be exhibited at earlier periods, and with less liability to mischief, than in cases in which other forms of constitution or different conditions of the organic properties obtain; and as the centrifugal determination is the habitual tendency, the latter class of remedies often proves highly beneficial in the treatment of its disease.* The feebler forms of inflammation, which disease often assumes in this constitution, frequently admit of the employment of tonics, such, even, as quinine, and the preparations of iron. To operate favourably, however, capillary action should be benignly and equably improved by them.†

In the active constitution the organic properties present a different aspect. Irritability is acute, vascular action excitable and easily disturbed, and the organic powers inclining to vigour. In inflammatory disease, local capillary action is easily enhanced, and, particularly in fevers, introverted action or collapse is very liable to be induced by impressions of an inappropriate or unduly potent character. Its powers being often strong and capable of considerable endurance, depletion more liberal than in the passive constitution, or decidedly free, is compatible with it, and often indispensable in the management of its inflammatory and congestive disease. The pulse instead of being depressed under this treatment, will generally rise, and vascular action become much more open and free. The same tenor of remark is also applicable in reference to the employment of other antiphlogistic treatment.

As a general principle, the acuteness of irritability, which is incident to this constitution, is opposed to perturbing remedies in the active and acute forms of disease. To conform to the peculiarities and influences of this property, alterative impressions should be gentle, and, when resorted to, reference should be had to the existing state of the organic powers; if the latter are vigorous or firm, there is danger of imparting too strong an impression, and superinducing the consequences of the latter, which as previously intimated are often very serious. The action of alteratives, particularly when the organic powers retain some degree

*The determination to the periphery when not dependent on febrile action, is well known to be highly conducive to the relief, particularly, of internal disease. If it be not the essential condition of an equalized capillary action throughout the system, the latter probably always implicates it to a certain degree.

†When the actions of the system are equalized by articles which appear to accomplish this object principally by favourably interesting the capillaries, the pulse will often manifest a slight degree of tenseness, an effect apparently ascribable to an impression transmitted to the heart and arteries from the whole capillary system.

of energy, should be especially addressed to the capillary system.

In the refractory constitution, the organic powers are strong, irritability intense, and the tendency of action strongly concentrative. Hence, in the management of its diseases, which correspond in severity with the forces and irritability of this peculiarity of system, depletion and reduction are of primary importance; by these means only, and the abstraction of every cause of vigor and excitement, can the peculiar intensity of its morbid actions be overcome. As a general remark, the irritability and concentrative tendency of action, which are manifested by it, particularly in its more decided examples, are most effectually controlled when the system is reduced to a state of debility. In this condition also, attempts at equalizing capillary action are most successfully instituted. Active stimulants and tonics—such of the latter especially as enhance nervous energy without correspondently equalizing capillary action, (their usual mode of action when they disagree,) may be pronounced incompatible with the characters of this constitution when under the influence of febrile and inflammatory disease.

Two Cases of Febrile Caloricity. By BENNET DOWLER, M.D.,
of New Orleans.

PROF. HUSTON,—My pursuits in a great degree prevent a continuation of my experiments, now very numerous, upon Febrile Caloricity. I beg leave to send you an outline of the *two last cases, without remarks*. July 22d, 1845. At 5 A. M., air 76°; at 5½, 76°. River, in the current, 83°; at 8, air 83°; at 10, 90°; at 11, 91°; at 5, P. M., near the sun, 98°; river, in the sun, 84½°.

A tanman; born in Switzerland; aged 30; a passenger in the ship Swanton, 51 days from Havre, (239 steerage;) sick 11 days with acute Typhoid; resident 6 hours; admitted July 21st, died next day, 30 minutes past noon; observations began 25 minutes after death; air of the dead house 94°; body finely proportioned, free from emaciation, and continued every where flexible, even in the neck, during the experiments, which lasted two and a half hours, and were witnessed by Mr. Compton, student in the Hospital, being varied in the order following every 5 to 10 or 15 minutes: Axilla, 109°, 110°, 110½°, 110¾°; rectum, 111½°, 111½°, 111½°; axilla, 110½°, 110½°; rectum, 111½°, 111½°; axilla, (in 15 m.,) 110¾°; rectum, 111°. Epigast., 109°; right epigast., 110½°; left, 110°; umbilical, 110°. The thigh was now punctured; in 2 m., 105°; when the burial interrupted the observations.

Solar Asphyxia, or Coup de Soleil. (See New York Med. Gaz., 1841.)

July 24th, 1845. At 6 A. M., air, 80° ; at 8, 85° . River, $83\frac{1}{2}^{\circ}$; at 10, air 88° ; at 11, 91° ; at 12, 93° ; at 1 P. M., near the sun, 94° ; at 2, 96° ; at 3, 96° ; at 4, 96° . Called at 6 P. M., to a case of Solar Asphyxia, (now almost epidemic,) corner of Camp and Julia streets: George Jennings, born in Boston; aged 28;—fell 30 to 40 minutes before I saw him, and lived 20 minutes after; the experiment continued $3\frac{1}{2}$ hours, and was witnessed by many persons; the record, after the first two hours, was kept by Mr. Banks, apothecary, and by Messrs. Cochran and Vandergrif. Axilla, 20 minutes before death, continued at 111° ; in 8 m. after death, 112° ; in about 15 m., 112° ; in 20 m. more, $112\frac{1}{2}^{\circ}$; 1 hour after death, 113° . The body was now stripped, and laid out on a board, and covered with muslin; the axilla had been freely exposed, but gave in 20 m., 112° ; at 7 h. and 40 m. P. M., it gave over 112° ; at $7\frac{3}{4}$, 112° ; at 7 h. 55 m., $111\frac{1}{2}^{\circ}$; at $8\frac{1}{2}$, 111° ; at $8\frac{3}{4}$, $110\frac{1}{4}^{\circ}$; at 9, $109\frac{3}{4}^{\circ}$; at $9\frac{1}{4}$, 109° , when the observations ended.

I have had much experience in this malady, but never happened to take my thermometer with me before; but, I am convinced that solar asphyxia, in the first degree, is the hottest of all maladies, and can hardly be less than 120° in many cases! The patient seldom has more than *one premonitory symptom; a sudden dryness and heat of the skin.* I suppose that this man's heat was below the average; certainly not so great as some others, according to my touch. Solar asphyxia, is, I believe, always fatal; its average duration is less than an hour, probably,—half that time will be nigher the truth. It is grievous to think how little discrimination is made in solar diseases;—what can be more different in symptoms and treatment than solar asphyxia? Solar exhaustion or syncope? Solar hyperæmia or excitement, etc. etc.? All forms but the first are readily cured, and even that might, by bloodletting, be cured or prevented, in all probability, in one or two minutes after the patient feels his skin becoming hot and dry, or after he falls, as happened in a case at my door; but, in a short time after the attack, the lancet is useless, or rather, hastens strangulation.

The temperature of the 23d of July, being the day previous to Jennings' death: At $6\frac{1}{2}$ A. M., 84° ; at 7, 85° ; at $7\frac{1}{2}$, 87° ; at 8, 88° ; at 9, 90° ; at 10, (some haze) in the sun near a wooden wall, 115° ; touching the same, 130° ; at 11, sand in the street, 143° ; at 2 P. M., near the sun, 150° ; sand in the street, 152° ; roof of a house, touching, 150° ; at $8\frac{1}{2}$, air 89° . River at 8 A. M., $83\frac{1}{2}^{\circ}$; 3 P. M., $84\frac{1}{2}^{\circ}$; in the shade, near the sun, at 3, 102° ; in the house, 97° ; do. 4, 96° . Such is the history of this unexampled day, in which it is supposed 15 victims perished from insolation.

Endermic use of Tobacco. By WM. BECK DIVER, M. D., of Cincinnati.

[Communicated by Professor DUNGLISON.]

CINCINNATI, Aug. 5th, 1845.

Dear Sir,—I send herewith a copy of the 11th number of the Western Lancet, containing the results of some experiments on the “endermic use of tobacco,” which you may esteem worthy of being communicated still further to the profession.

The efficacy of this plan in “Hysteria,” and “Spasmodic Stricture of the Urethra,” has been fully set forth in the Lancet, vol. 2, page 420, which you have doubtless observed.

I take the liberty of communicating these facts to you, presuming upon your superior ability and opportunity to make them more generally known.

With the “endermic use of iodine” my success in scrofula has been not less encouraging.

In four well marked cases I succeeded in discussing active scrofulous swellings of the lymphatic glands of the neck, by the use of the following formula, suggested by Mr. Charles Smith, an able pharmacien of Philadelphia.

R. Iodin. p. j.
Balsam. Canad., p. iij.
Picis abietis, p. iij.

The iodine to be triturated with the balsam: the pitch to be melted with a gentle heat, and, as it is about to cool, the whole to be mixed and spread upon kid for immediate use. We thus avoid the volatilization of the iodine, and at the same time have a neat and convenient form of external application, free from the objections which apply to the iodine ointment.

In cases where the extreme sensitiveness of the parts precludes the use of inunction, I should give a decided preference to this method; not relying exclusively, however, upon the endermic use of the remedy. * * * *

Yours, most truly,

WM. BECK DIVER.

Professor R. DUNGLISON.

The following is the article in the Western Lancet, referred to by Dr. Diver.

Endermic use of Tobacco. By WM. BECK DIVER, M. D., of Cincinnati.—The use of Tobacco as a remedial agent has received less attention from the profession than it deserves. Its powerful agency has been satisfactorily tested in cases of strangulated hernia, ileus, and spasmodic stricture of the urethra; but the dangerous conse-

quences which have been reported as resulting from its use in the usual form by the mouth and by the rectum, induced me some years ago to try it endermically; and the results, which were entirely satisfactory, were published in the *Lancet*, Vol. II, page 420.

Subsequent trials of this powerful antispasmodic lead me to repose still greater confidence in it, and induce me strongly to recommend it in cases where the ordinary remedies of this class fail or are inadmissible.

The following case will illustrate the advantages of this method in tetanic rigidity of the muscles.

W. H., of St. Charles, Mo., received, about seven years ago, a wound from an adze, which completely divided the rectus femoris muscle immediately above the patella. In order to procure healing by "the first intention," his physician, very properly, placed the limb in the extended position; his object was attained, but subsequent inflammation and deposition in the knee joint produced ankylosis, and the most unyielding rigidity of the limb. Up to the time, June, 1844, when the patient was submitted to my care, he had travelled about with great difficulty, and derived no advantage from medical treatment. He was extremely anxious to regain, if possible, the use of his knee joint, and therefore cheerfully submitted to an operation for this purpose. In the presence of several physicians of this city, I divided the rectus femoris transversely in nearly the direction of the original wound; this was effected with a very small knife by a subcutaneous incision; scarcely a drop of blood was effused; the ends of the divided muscle widely retracted, and a very slight degree of flexion could be produced by the application of force. The next day, 13th June, I placed the limb in Roe's apparatus for compound fracture of the leg, and applied the screw, by which a still greater degree of flexion was produced. For several weeks flexion and extension were kept up, until a good degree of motion was established in the knee joint. Beyond a certain point, however, the antagonist muscles refused to yield, and upon applying a greater degree of force with the screw, a severe tetanic rigidity was set up in the extensors which threatened to frustrate our object. To relieve this I directed the patient, who was unaccustomed to the use of tobacco, to smoke freely the strongest that could be procured. While under the influence of this form of the remedy, the muscles became relaxed, and a still further flexion of the knee was effected. The following ointment was rubbed into the groins and over the knee:

R. Iodin. gr. xij.
Potassæ Hydriod. ℥iv.
Olei Nicotianæ, gtt. L.
Adipis Præparat. ℥ij. Misce.

Under a persevering use of this formula, and continual application of the screw producing flexion and extension, I succeeded in reducing the tetanic rigidity of the muscles and tendons; the motion of the joint was in a good degree restored, and the patient enabled to ride

on horseback with perfect satisfaction. His health being slightly impaired by the confinement necessary, he was advised to visit Kentucky, where he rode and walked with more ease and pleasure than he had enjoyed for many years before.

I have succeeded in relieving a violent cerebral and gastric irritation by the powerful antiphlogistic properties of this agent; and the results of my experience in the endermic use of tobacco are such as to lead me to prefer it in cases where antiphlogistic means are requisite, but where the vital powers are too much depressed to admit of venesection, or the internal use of antimonials. The application of tobacco cataplasm to the epigastrium has, in my practice, removed violent colic resulting from spasmodic stricture of a portion of the intestinal tube, and copious evacuations have been produced by the same method where the ordinary purgatives were inadmissible, or when delay was dangerous. A great advantage in this method is that the remedy is more immediately under the control of the practitioner than when administered internally.

Case of Dropsy of the Ovum. By JOHN E. H. LIGGET, M. D.,
of Frederick county, Maryland.

On the 20th of July, 1843, I was desired to visit Mrs. D. H., (aged 41 years,) who gave the following history of her case. She is in the *sixth* month of her *ninth* pregnancy, but, with the exception of her general health being rather more delicate than usual under the circumstances, nothing remarkable was observed until within the last few weeks; when it was discovered that her abdomen was enlarging with unusual rapidity. She satisfied herself, however, by supposing the existence of twins, until the last fortnight preceding my visit, within which period the abdominal enlargement progressed to such an extent as to excite the most lively apprehensions in the minds of herself and friends. Upon examining the abdomen it was found more enlarged than is usual in twin cases, at the full period.

The swelling was tense and elastic, and a close examination did not enable me to detect the existence of fluctuation. Upon pressure over the abdominal parietes tenderness was not evinced, except in the right hypochondrium, where she states she has suffered from a dull, obtuse pain, for the last four or five years. Latterly this pain has been more acute, with tenderness on pressure. For some time her appetite has not been good, and the bowels have been confined. The renal secretion was of a deep reddish-brown colour, and not coagulable by heat; skin dry and harsh; pulse 110, sharp and tense; tongue covered with a short dirty white fur; thirst considerable; respiration easy, except

when in a recumbent posture, when, of course, the abdominal pressure would create some embarrassment in that function. There was no infiltration into the subcutaneous cellular tissue. A review of the symptoms led me to suppose the existence of a collection of fluid in the peritoneal cavity, occasioned, probably, by obstructed circulation through the portal circle. A detail of the daily treatment would extend this communication to an inconvenient length. Suffice it to say, it consisted mainly in venesection, hydragogue cathartics, epispastics to the right hypochondrium, and a combination of mercurials with diuretics, in the following form.

R. Hydrarg. chlorid. mit.
Digital. pulv., aa. gr. vj.
Potass. Nitr. 3j.
M. f. pulv. in chart. vj. divid.

One to be given every eight hours.

On the 24th the symptoms were unabated, and I was urged by my patient and her friends, to relieve her by the operation of *Paracentesis Abdominis*. This I declined for the present, and on the 25th, my brother, Doctor James LIGGET, of Creagers-town, saw the case with me. He coincided in the views I had taken of the case, advised a continuance of the treatment, and agreed upon the impropriety of paracentesis, unless the respiration should become more embarrassed. The condition of my patient remained much the same, until the 1st of August, at which time the salivant effects of the mineral became obvious, when it was withdrawn and the Pulv. Scill. substituted.

The kidneys now took on increased action, and the urine assumed a more normal appearance. On the morning of the 3d August, I found Mrs. H. apparently much improved; the pulse was about 80, and soft; tongue cleaning; appetite improving, and the alvine evacuations natural. She was in fine spirits, and informed me she had passed about a quart of healthy looking urine, during the preceding night. After having been for some time engaged with her husband in an adjoining apartment, I was about to retire, when Mrs. H. informed me she had felt, within the last half hour, two or three slight pains, which she believed to be uterine. I of course remained, but as the pains had been very slight, did not examine *per vaginam*. Shortly after, whilst at the close stool, she stated she had "felt something give way," and immediately discharged about half a gallon of water. Now, for the first time, the *true* nature of the case flashed on my mind. I directed her to remain quiet, and left the room a moment to direct the arrangements that would be necessary for the complete evacuation of the uterus, which I

was aware must speedily follow. As soon as I left the room she imprudently got up and attempted to reach the close stool, but was prevented by a *rush of water*, which *poured from her in torrents*. Upon re-entering I found her standing on the floor supported by her husband, who had placed vessels to catch the water, about *three gallons of which had been discharged* during my temporary absence! She was immediately replaced on the bed, when, upon examining the vessels, I found in one of them a *well formed fœtus*, about 12 inches in length. By the rapidity of its expulsion the umbilical cord had been ruptured near its placental extremity. It lived about fifteen minutes. Upon returning to Mrs. H. the abdominal tumour was found to have very much subsided—the uterus could be felt pretty firmly contracted, though still larger than might be supposed [to be occasioned by the mere retention of the secundines. A broad bandage was placed around her, and pinned moderately tight, and, after she had somewhat recovered from the exhaustion consequent upon the evacuation of so large a quantity of fluid, I proceeded to examine *per vaginam*, when I found the *head of a second fœtus presenting*, the membranes unruptured, and apparently containing very little fluid. The ruptured funis and placenta of the first fœtus could not be felt. At the end of an hour the pains recurred, irregularly, however, and without force, but attended with considerable hemorrhage. As the patient was already much exhausted, I deemed it hazardous longer to delay delivery. Accordingly I introduced my hand, ruptured the membranes, turned and delivered by the feet, a dead fœtus of smaller size than the former, upon which the hemorrhage ceased. After again allowing a sufficient time for repose, an effort was made, by the usual means, to excite the action of the uterus. In about forty-five minutes she felt some pain, and with it a return of the hemorrhage. Once more my hand was passed into the uterine cavity, for the purpose of removing its contents, and securing a permanent contraction. Upon passing up to the middle of the uterus my hand encountered a very firm “hour glass contraction,” dividing the cavity into two chambers, the *inferior* of which was empty.

With infinite difficulty I dilated the strictured portion sufficiently to allow the passage of my fingers, but in attempting to press gently forward, it again contracted firmly upon my hand, causing a painful spasm of the muscles of the hand and arm. I could now feel the edge of a placenta, and upon passing my finger around it, discovered that it was *strongly adherent* to the walls of the uterus. Here was a multiplication of difficulties sufficient to have discouraged an older and more experienced accoucheur than myself; and to render my situation by no

means an enviable one, I had been much indisposed all day with a severe attack of nervous headache, and had eaten nothing since the preceding evening. My hand in the uterus, a portion of which was firmly contracted upon it, cramping, paralyzing, and rendering it almost powerless; the placenta adhering with unusual tenacity, and bidding defiance to my utmost efforts to detach it. After exerting myself until the perspiration rolled from me, and finding my strength failing, I withdrew my hand, told Mrs. H. of the difficulties by which the case was surrounded, and requested further professional aid. A messenger was immediately despatched for my able friend, Doct. Wm. Zollickoffer, and as the hemorrhage had again ceased, I sat down by the bed side to repose myself, desiring the patient to observe the most perfect quietude. A few moments afterwards, and a terrific *gush* from the uterus had well nigh destroyed my unfortunate patient. The countenance became pale and cadaverous—the pulse at the wrist imperceptible—an icy coldness crept over the extremities, and the heaving respiration gave evidence that the vital energies were nearly extinguished. Fortunately, however, there was but a gush, and the hemorrhage ceased. After waiting a few moments to see whether the system would rally, and finding the skin becoming damp and clammy, I directed *gin* (the only stimulant at hand) to be freely administered, with warm applications to the extremities. In half an hour I had the satisfaction to find my patient was rallying; shortly after which, at half past one o'clock, P. M., Dr. Zollickoffer arrived. After waiting some time, until Mrs. H. was sufficiently revived to bear the operation, we administered a portion of ergot, when Dr. Z., at my request, proceeded to extract the secundines. He found the “hour glass contraction” still existing, though probably less firm than previous to the last return of hemorrhage. Passing his hand into the superior chamber, after the lapse of considerable time, with great difficulty, and pausing frequently to rest himself, he finally succeeded in breaking up the adhesions which united one of the placentæ, *throughout its entire extent*, to the uterus. He now slowly and cautiously withdrew his hand, bringing with it the placenta and membranes—a regular and firm contraction of the uterus being brought about, (as had been anticipated) by the action of the ergot. We remained with Mrs. H. until evening, when we left her doing well, although necessarily labouring under considerable prostration. From this period her convalescence was progressive. The appetite became good, the liver and kidneys resumed their functions, and tonics, and an occasional laxative, constituted the remainder of the treatment.

P. S. After the above was written, I was informed by Mr. H. that his wife was again pregnant, and that from the great abdominal enlargement, he feared the existence of another dropsical accumulation within the uterus. As her general health continued unimpaired, however, she did not come under treatment. On the 21st of April last I was summoned to visit her, and found that labor was actively progressing. In less than three hours after my arrival, she was delivered of two fine stout children, male and female, the head of the first and the feet of the second presenting as usual. In half an hour after the delivery of the second child hemorrhage supervened. This was found, on examination, to proceed, as in the former case, from an "hour glass contraction," and a consequent retention of the placenta, of which at this time there was but one. About one-third of the placenta was separated from the uterus—the balance adhered firmly, as upon the former occasion. With much difficulty I succeeded in removing it, and securing a natural contraction, after which my patient was lively and cheerful. There was no subsequent difficulty, except a slight attack of fever about three weeks after delivery, attended with a profuse leucorrhœal discharge, which yielded in three or four days to venesection, purgatives and diaphoretics. The mother and children are all at this time in the enjoyment of excellent health.

July 30th, 1845.

CLINICAL LECTURES AND REPORTS.

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PHILADELPHIA HOSPITAL.

*Saturday, February 15, 1845.*

CLINIC OF PROFESSOR DUNGLISON.

Reported by Dr. Samuel G. White, of Georgia.

In the commencement of the lecture, the attention of the class was directed to the progress of the cases which had previously been under consideration. The first of these was that of the patient labouring under CHOREA. He has very much improved; and although slight movements of the affected limbs remain, he may be discharged, provided the treatment be continued. It is

very important, in all cases of a chronic nature, that the use of the remedies should be prolonged for several weeks, in order to effect permanent good.

The patient who suffered from OBSTRUCTION OF THE BOWELS, which was supposed to be owing to the existence of stricture about the sigmoid flexure, has also greatly improved. The treatment has consisted almost entirely in the administration of enemata of soap suds. On Saturday last, nearly half a gallon of this fluid was thrown into the colon by means of a stomach tube. This was followed by the evacuation of numerous large pellets of indurated faecal matter, which were probably the cause of the obstruction. Since this, the individual has continued to improve, and has experienced no return of the painful spasms of the intestines, under which he before suffered. He will now, doubtless, recover, although this could scarcely have been anticipated a few days ago. It will be important to prevent the re-accumulation of faeces, which may be effected by continuing the daily use of the enemata. As he is somewhat anæmic, it will be well to give him a chalybeate, as 20 grains of the ferri subcarbonas, three times daily. Should this produce, or be accompanied by constipation, a few grains of rhubarb, or some other laxative, may be combined with it. This case is very instructive, as exhibiting the importance of carefully investigating the true nature of disease, and of adapting the appropriate remedies. It was one of constipation, but so obstinate that it would have resisted all ordinary cathartic agents, and was successfully treated only by a thorough appreciation of its cause. The disease—as the class have observed—was treated altogether *per anum*.

The lecturer took occasion to recommend the class to provide themselves with a proper apparatus for throwing fluid into the colon. In country practice, this is often a great desideratum. By the common glyster pipe, the injection can rarely be made to pass higher than the rectum, and therefore can have no influence on hardened masses of faeces situate in the cæcum and colon. But this difficulty is readily overcome by introducing a large rectal tube beyond the sigmoid flexure, and injecting the fluid by a properly adapted syringe. In this manner, the whole colon may be readily distended. In his own person, the lecturer remarked, he could readily trace the course of the colon by percussion, after it had been filled by an injection.

The Professor next made a few observations on a case of

CHRONIC GASTRITIS.

The patient—a male—has been for a length of time affected



with PYROSIS, but within a few days he was attacked with vomiting, and an increase of all his symptoms. The matter ejected consisted chiefly of a watery mucous fluid. It was very ropy, and the result, no doubt, of irritation, if not of positive inflammation of the mucous follicles.

Pyrosis, under which he so long laboured, is merely a form of indigestion, characterized by the evacuation or regurgitation of quantities of watery, more or less slimy fluid, possessed of different sensible characters—being sometimes bland, and at others acrid or irritating. It is not an unfrequent attendant on the gastric disease.

Although, in this case, there has been a marked increase in the general symptoms, there is very little in those of gastritis. This will admit of easy explanation. The mucous membrane of the stomach, like all others, although highly organized, is not possessed of a very exalted sensibility to mechanical agents. This was noticed in the case of Dr. Beaumont's servant—San Martin—whom the lecturer had frequent opportunities of seeing. In that case, considerable pressure could be exerted on the interior of the stomach by means of a bougie, introduced through the opening in the abdominal parietes, without exciting any positive pain,—a disagreeable sensation of pressure being alone experienced. This insensibility of the gastric mucous membrane is further evinced by the impunity with which the most heterogeneous and often irritating substances are taken into that viscus. Hence it is, that even when inflamed, the sensibility of the organ may not be highly exalted. Not unfrequently, indeed, decided inflammation of the gastro-enteric surface exists, without the development of any very marked local phenomena.

In the case under consideration, however, there is sufficient pain experienced, when pressure is made over the abdomen, to indicate the existence of irritation, if not of inflammation. In conjunction with this, the tongue is red and slightly furred, showing a morbid condition of the membrane.

The lecturer here cautioned the class against placing too much reliance on the red color of the tongue as an unfailing sign of gastritis, as it is—in his experience—as frequently white.

From the chronic character of the gastric affection in this case, it might be questioned whether it were not connected with some *vice*, as carcinoma. The general appearance, and other phenomena, however, render this improbable.

The treatment, in this case, will consist in making counter-irritation over the epigastrium with the unguentum antimonii, and the internal use of charcoal with magnesia. This combination is often beneficial—the charcoal acting as a tonic, whilst the magnesia neutralizes redundant acid, and by its laxative proper-

ties removes any irritating matters that may exist in the canal. Its effect will be reported on a future occasion.

In connection with gastritis, the professor made a few remarks on

#### GASTRORRHŒA.

This term is applied to a profuse discharge of mucus or watery fluid from the stomach, and by some is considered to be always inflammatory in its nature. This view of its pathology, however, is not borne out, inasmuch as, in the majority of instances, there are no evidences of the presence of inflammation, unless the increased secretion be so regarded. It can easily be comprehended, that by any irritation of the gastric surfaces its secretion may be increased, and it is not uncommon to meet with cases of very profuse secretion from the mucous membranes, without the least sign of inflammatory excitement. There seems to be a simple *gleet* of the gastric mucous surface. Sometimes, however, gastrorrhœa may unquestionably be dependent on inflammation, and then it must be treated accordingly. Where there is no excitement, the treatment will consist principally in the use of astringents. It should be remembered, that inflammation of the mucous membrane is pathologically the same wherever it may be seated, and demands for its relief the same therapeutical agents. Taking this view of the disease, our ideas of different mucous inflammations will be simplified, and the proper treatment be better understood.

The professor next introduced a female labouring under an affection very analogous to that just alluded to—

#### BRONCHORRHŒA.

This is characterized by a profuse discharge from the bronchia, resembling much the fluid of gastrorrhœa. Bronchorrhœa has been considered, but erroneously, by some to be identical with chronic bronchitis. The fluid, however, is different; that discharged in bronchitis being a vitiated mucus, whilst this is watery and thin, with but little mucous admixture.

[The expectoration of the patient was here exhibited to the class. It was considerable in quantity, and served well to illustrate the nature of the secretion in this affection.]

Bronchorrhœa is not of such common occurrence as gastrorrhœa, or chronic bronchitis, and may be regarded as a rare disease. The treatment might consist in the employment of such means as are proper in gastrorrhœa. It very frequently happens, however, that the morbid condition of the bronchial membrane



is connected with some more serious organic disease of the lungs or heart; and the same benefit, consequently, could not be expected to result from the treatment.

In the case under consideration, from the diminished percussive resonance and respiratory sound under the right clavicle, and the exaggerated murmur under the left, it is very probable that consolidation of the pulmonary tissue exists at the apex of the right lung. But it is not easy to determine whether this preceded, or has any connection whatever with the bronchorrhœa. It is probable, however, that the disease of the mucous membrane is independent of the condition of the lungs. The treatment will, therefore, consist in establishing counter-irritation over the chest, with the inhalation of some excitant vapour. By this means our remedies are made to come into immediate contact with the diseased surface, and are thus able to exert a more potent influence over it. With this view, the vapour of iodine, associated with that of conium to render it less irritating, will be prescribed. Should this fail, however, chlorine, which may be disengaged from one of its combinations, as chlorinated lime or chlorinated soda, will be substituted for iodine. The effect of these applications is often exceedingly beneficial, and not unfrequently succeeds in removing the disease when all other means have proved unsuccessful. In this case, the constitution of the patient has not suffered to any extent, and the disease will probably terminate favourably. At times, however, hectic is developed, in consequence of the profuse secretion and constitutional irritation; and if complicated with tuberculosis, or other serious organic lesion, it may prove fatal.

The lecturer then proceeded to present some observations on

#### RHEUMATISM.

He remarked, that at present there seemed to be a peculiar condition of the atmosphere—a sort of *constitutio aeris*—to use the language of Sydenham—which is inappreciable—favourable to rheumatic affections. There appears, too, to be a tendency to certain articulations rather than to others, as in nearly every case the shoulder joint is affected. He reminded the class that he considered rheumatism to be largely neuropathic, and certainly not identical with ordinary acute inflammation.

In the case reported some weeks since, a perfect cure was effected by means of sulphate of quinia. This agent has proved no less successful in numerous other cases that have since occurred in the hospital. In the vast majority, it was sufficient of itself to effect the cure; but in a few, from the

unusual degree of vascular excitement, the application of cups to the spine was advisable. This situation for topical bleeding was selected, not from a supposition that the medulla spinalis is diseased in such cases, but from its convenience, and its being a most sensitive surface. Sometimes it becomes necessary to give large doses of opium to allay the pain and excitement. This agent, being a powerful narcotic and sedative, exerts its influence—the professor thinks—much in the same manner as quinia, which, in large doses, is markedly narcotic and sedative. It will be found exceedingly beneficial in many cases of acute rheumatism, and is highly recommended, as a most powerful remedy in the disease, by Dr. Christison. The professor here desired the class not to be misled by the opinion that opium is always a stimulant. This belief has been long held by many, but is unquestionably erroneous. In small doses it is certainly a stimulant, but in large ones its sedative action is manifested in a marked manner. Where sedation is desired, it should never be given in less than  $2\frac{1}{2}$  or 3 grain doses. Aconite acts in a similar manner, and has been highly extolled by many.

The patient, a female, who was now introduced before the class, had been labouring under rheumatism of the shoulder, but not of a very acute character. She was put on the use of sulphate of quinia on entering the house, and under it alone has experienced marked relief. The lecturer thinks that it may be given fearlessly in every case. He has never witnessed any injurious effects from its employment, and, as before observed, he regards it in full doses a potent sedative. It has been prescribed in every stage of intermittent, without producing any signs of a stimulating agency. Even the pulverized cinchona has been employed, without any injurious effects, in the hot stage of that fever; although, from its containing much indigestible matter, as woody fibre, it might have been inferred that it would prove exciting, and consequently deleterious.

Before administering the sulphate of quinia in these cases, it may be well to pave the way for its action by some mild cathartic, although this is not indispensable. The dose of the sulphate, which may be 18 or 20 grains daily, may be gradually increased, care being taken to suspend it on the supervention of any symptoms indicative of its influence on the nervous system. When the excitement in acute rheumatism is very high, it will be proper to resort to depletion; but this should not be carried too far. The plan of treating rheumatic affections by the sulphate of quinia the professor has found extremely successful, both in private and public practice.



## PATHOLOGICAL SPECIMENS.

In conclusion, the professor directed the attention of the class to several very interesting morbid specimens. The first of these was obtained from a female, who died shortly after her entrance from CANCER OF THE UTERUS.

From the lemon yellow colour of her countenance, connected with the great fœtor of her person, and a discharge from the vagina, the lecturer had no hesitation in pronouncing this, at first, to be a case of cancer.

She was, when he first saw her, labouring under complete suppression of the renal secretion, and had passed no urine whatever for twelve days. There was no evidence, at least, that any was secreted during that time.

In most cases of this character, the principles of the urine are separated by some other part of the system, as by the skin, mucous membranes, &c. Sometimes the secretion takes place from the meninges of the brain, and very serious or even fatal effects are the consequence of the presence of the urinous fluid in the encephalon. It is remarkable, that this important depuratory process should have been suspended so long in this case without more serious results. The patient recovered from the suppression, but died shortly afterwards, worn out by the cancerous affection.

On making the necroscopy, one of the kidneys was found considerably enlarged, and modified in character, so that the cortical was not easily distinguishable from the tubular portion. In the cavity of the uterus several scirrhus tumors were found near its fundus, and an open cancer at its lower part, which had destroyed the cervix and os uteri, and extended to the upper portion of the vagina.

[The morbid specimen was here passed to the class for inspection, as it exhibited well one form of cancer.]

Cancer belongs to the class of cachexiæ, or affections dependent on some *vice* in the system. Generally, when fully formed, it is impossible to remove this vice by any treatment whatever.

All cancerous tumors have been referred to one of three varieties—colloid, encephaloid, or scirrhus. Of these, the encephaloid is the most inveterate, and although it may be removed by an operation, it is exceedingly liable to return in some other part, and terminate fatally.

It is a curious fact, that cancerous growths are developed by cells, which receive their nourishment from the surrounding tissues, and possess the power of self-generation. If one of these cells be introduced into a second individual by inoculation, the disease may be, like small pox, communicated. From the power

of reproduction possessed by these cells, the system of the individual becomes completely impregnated with the diseased matter, and cannot be freed from it. For this reason—as well as from the results of extensive statistical inquiries into the results of operations for cancer—the propriety of removing these growths has been recently much questioned; and it is now agreed, by the best authorities, that it is better not to interfere with them. If the local affection be not removed by the surgeon, the disease may continue for a great length of time, and the individual enjoy life, without much suffering, for several years. The lecturer referred to a case which he had recently attended, of a female upwards of 80 years of age, who had suffered for, he believes, more than 25 years with open cancer of the mamma.

When an operation is practised at all, it ought to be at the earliest possible period, and before the constitution is saturated, as it were, with the cancerous cachexy.

The professor, regards cancerous affections as a diseased condition of the system of nutrition, and as such, to be removed, if at all, by agents that modify that process. As in all other cachexiæ, recourse must be had to articles belonging to the class of eutrophics, or remedies which, by being received into the circulation, may change the condition of the blood, and, through it, modify the action of the tissues which it bathes. Unfortunately, however, no permanent good can be expected from any treatment. We may prolong life, and alleviate the sufferings of the patient, but cannot eradicate the disease.

Cancerous affections of the uterus are by no means unfrequent, and, as before stated, generally terminate fatally. It is our duty, however, to endeavor to do all that is practicable to render the patient comfortable to herself and to others. Hence, for correcting the fœtor, which is always great, injections of various disinfectant agents should be employed. Of these, the chlorinated preparations, and the acetate or simple sulphate of alumina, are to be preferred.

The other viscera in this case, with the exception of the liver, which was much lighter colored than usual—the effect of hard drinking—were in a healthy state.

Professor Dunghlison concluded by exhibiting to the class a marked specimen of TUBERCULOSIS OF THE LUNG, on which he did not dwell, as he had presented already so many specimens of a similar kind before the class.



## BIBLIOGRAPHICAL NOTICES.

*Traité d'Hygiène Publique et Privée*, par MICHEL LEVY, Médecin Ordinaire de Première Classe et Professeur d'Hygiène et de Médecine Légale à l'Hôpital Militaire de Perfectionnement de Paris. 8vo. 2 vols., pp. 702, 796. Paris, 1844, 1845.

*First and Second Reports of the Commissioners for inquiring into the state of Large Towns and Populous Districts.* Presented to both Houses of Parliament by command of her Majesty. Fol. Lond., 1844, 1845.

*Caloric; its Medicinal, Chemical, and Vital agencies on the Phenomena of Nature.* By SAMUEL L. METCALFE, M. D., of Transylvania University. 8vo. 2 vols. London, 1843.

*The Pennsylvania Journal of Prison Discipline and Philanthropy.* Vol. 1, No. 3. July, 1845.

The books, whose titles are at the head of this article, appear to be of dissimilar character; yet they all tend more or less to the improvement of public or private hygiène, or of both. The treatise of M. Levy is intended to embrace the whole subject of hygiène. The Reports of the Commissioners for inquiring into the state of large towns and populous districts is a most valuable contribution to public hygiène. The work of Dr. Metcalfe exhibits a wide field of inquiry, which he has tilled with zeal and ability, in a manner, indeed, which is creditable to him, in several respects, as a man of medical and general science, and in many of its parts, matters of deep moment to the health of the individual and of society are canvassed; whilst the Pennsylvania Journal of Prison Discipline and Philanthropy, as its title imports, has a more restricted range, unless, indeed, we take philanthropy in its expanded sense, and then it includes every thing that may tend to the well-being and happiness of man. Hygiène, however, is an important object with the "Journal;" and it inquires freely and industriously into everything that can ameliorate the hygienic condition of the outcast from society, or of him who is suffering under the direst of all calamities—mental alienation.

We have "many a time, and oft," urged the importance of a greater attention to *hygiène*. Our Boards of Health in the cities have directed their best energies to urgent matters of public *hygiène*; but their ordinances have been mostly confined to the removal of nuisances which offend the senses, and which would give occasion to popular outcry were they suffered to persist,—or to the enforcement of quarantine or similar sanitary laws of very questionable expediency, and calculated to fetter commerce—often most unnecessarily. The great and momentous subjects of the physical causes of high rates of mortality in particular localities—the general sanitary condition of cities—the different rates of mortality and births amongst various classes in the same district, and in urban as compared with suburban districts; amongst manufacturers, compared with agriculturists; in drained and in undrained districts, &c.; the supply and filtration of water; the structure of the streets and buildings; the cleansing of streets and houses, and the application of refuse; the causes of disease in cities, and the remedial measures to be adopted,—all of which have occupied the protracted attention of the English Commissioners, have rarely received a passing attention from our Boards of Health, useful as such boards have unquestionably been.

The two Reports of the Commissioners, now before us, are monuments of energy and ability admirably directed. All modern contributions to public *hygiène*—even those of the Parisian authorities—are indeed cast into the shade by those, which, of late years, have emanated from the Registrar-general of England, from Mr. Chadwick, and from the various commissioners appointed to examine into the sanitary condition of the *industrial* and other classes; and of these, not the least important, in size, and in the value of their contents, are the Reports now under notice. Most elaborate investigations were made by the commissioners themselves; competent professional and other persons were examined where light was to be expected from their testimony; and no stone has been left unturned to discover the sources of disease, and the best means of preventing it. In testimony of the wide sphere of the labors of the commission, we may state that the appendix, amongst other matters, contains a full account of the "watering" of the cities of Philadelphia and



New York, and the answers to the questions of the commissioners in regard to the former city having been furnished by Mr. Strickland, the architect and engineer, to whom the commissioners make due acknowledgments.

It would be utterly impossible for us to analyze a work of this nature. In place of such a futile attempt we shall satisfy ourselves with the following extract from the "Second Report."

After stating, that Registers of Deaths are generally the best guide in such inquiries, the commissioners observe:

"As the subjects specified in your Majesty's commission are essentially of a practical character, we have endeavored to avoid as far as possible the discussion of the theoretical causes of disease. All the medical witnesses examined before us are unanimous as to the injurious effects produced by emanations from animal or vegetable matter in a state of decay, whether they act as direct or contingent causes of disease; and they are quite concurrent in their opinion, that the existence of such causes and their prevalence have been sufficiently ascertained to require the interference of the legislature. The presence of such emanations, whether they be derived from stagnant ditches, from open cesspools, or from accumulations of decaying refuse, is a great cause of disease and death, not confined to the immediate district in which they occur, but extending their influence to neighbouring, and even to distant places. These physical causes of disease may affect various localities and different classes of persons, but are most common and virulent in the neglected districts and dwellings of the poor, who are peculiarly exposed to the aggravating influences of such causes,—not necessarily connected with their condition in life, but capable of being removed by efficient drainage, cleansing, improvements of buildings, ventilation, and a sufficient supply of good water. It is too commonly supposed, that the evils above adverted to are the inseparable concomitants of poverty; and, doubtless, so long as the inhabitants of the most neglected and filthy abodes in crowded cities are unable to provide for themselves better and healthier dwellings, sufficient light and air, more open situations, effective cleansing and drainage, and adequate supplies of water, their vigour and health are undermined, and their lives shortened by the deleterious external influences consequent upon the want of efficient arrangements for securing the above objects. The operation of general sanitary arrangements will enable a greater number to contribute a share to such arrangements, by which they must largely benefit, and thereby, and at a comparatively small cost to the community

at large, have the advantage of the remedial improvements above specified.

“Without entering into any discussion upon the influence which poverty and distress may occasion on the rates of mortality, which no sanatory improvements can entirely prevent, we are desirous to remove the injurious impression that a great amount of excessive disease and death in this country is due to causes which cannot in a considerable degree be removed by legislative enactment, when earnestly enforced. At the same time, we must express our opinion that the efficient execution of the law will tend to reduce sickness and disease, and so far increase the means of the poor. Medical witnesses of much experience state that the continued action of injurious emanations, though they may not always produce fever, often become the cause of some of the most common and fatal maladies of this country, and the residence more or less prolonged in a vitiated atmosphere is a great cause of the scrofulous diseases, extensively prevalent in the large towns. In an enquiry into the influence of employments on health, it appears that the relative excess of deaths from consumption among tradesmen and artisans, compared with other classes, is mainly to be attributed to the vitiated state of the atmosphere in their shops and dwellings. The average age at death from consumption has been found to be lower in the case of tradesmen than among artisans; this is stated to be owing to a larger proportion of the latter being employed in out-door work, and therefore less continually exposed to the influence of an impure air. In addition to the evils arising from the absence of ventilation in the interior of dwellings, a great amount of disease is engendered by the polluted condition of the atmosphere in the close and confined courts in which a large proportion of the poor constantly dwell.

“Our attention has been called to the consideration of the ages at which the physical causes of disease produce their most marked effect; and while the returns show, that these effects are peculiarly severe on infantile life, yet they are not confined to any particular age, acting powerfully on persons in the full vigour of life, as well as on the younger part of the population. These returns all show, that the extreme pressure of the physical causes of disease is upon the working population, shortening the average duration of life from 1 to 20, and even to 30 years, and decreasing to a material extent the working ability of the survivors. We find, however, at the same time, that the duration of life of the middle and higher classes is materially lessened by the pressure of these removable causes of disease. In the diseases which follow, in a more marked degree, from the direct or indirect influence of injurious emanations, especially in the case of fevers



of the typhoid type, by far the greater proportion of cases occur amongst the heads of families between the ages of 20 and 30, the very period when they have generally the greatest number of young children dependent on them for support. The effect of the physical causes of disease is not confined to any class or age."

After alluding to the decrease of mortality in improved districts; the charges upon the community from excessive disease; the influence of excessive mortality on the increase of population; the general deficiency in the supplies of water, and the practice of administering opiates to children, which, it is said, has "become to an alarming degree prevalent, especially in the manufacturing counties," the commissioners propose the following "remedial measures," in each of which they subsequently proceed more in detail to state their reasons, and such observations as had occurred to them on each branch of the subject.

"We are of opinion that, for the effectual correction of the evils above adverted to, additional legislative measures are requisite.

"It is necessary that the Crown should have power to inspect and supervise the execution of all general measures for the sanitary regulations of large towns and populous districts.

"That the local authorities entrusted with the execution of such measures should be armed with additional powers, and that the districts placed under their jurisdiction should in many cases be enlarged, and made co-extensive with the natural areas for drainage.

"We recommend, that the necessary arrangements for drainage, paving, cleansing, and an ample supply of water, (the most important matters conducive to health) should be placed under public inspection and control.

"The mode in which we propose to carry out these objects, is detailed in the Recommendations which are subsequently stated in this Report, with the reasons which have induced us to adopt them.

"We have arranged the different branches of the subject in the following order:

"1. Drainage, including house and main drainage, and the drainage of any space not covered with houses, yet influencing the health of the inhabitants.

"2. The paving of public streets and courts and alleys.

"3. Cleansing; comprising the removal of all refuse matter not carried off by drainage, and the removal of nuisances.

"4. A supply of water for public purposes and private use.

"5. The construction and ventilation of buildings for promoting and securing the health of the inhabitants."—*Second Report*, p. 7.

On all these topics, the testimony of competent observers, in and out of the medical profession, is given in detail; and every enlightened individual must be struck with the general pertinency of the questions and answers. For these the Report itself must be consulted, which will scarcely be found in many private libraries; but ought assuredly to be possessed by every one to which the public can have access, and by all municipal bodies. Amongst the medical gentlemen examined, were Drs. C. J. B. Aldis, Neill Arnott, W. A. Guy, E. Rigby, T. Southwood Smith, and Robt. Willis; and Mr. Toynbee,—all names familiar to our readers. The Commissioners were the Duke of Buccleuch and Queensberry, the Earl of Lincoln, Messrs. Harvey and Graham, Sir Henry Thomas de la Beche, Drs. Lyon Playfair and David Boswell Reid; Richard Owen, Esquire, Hunterian Professor of the College of Surgeons; Captain William Thomas Denison; Messrs. James Renald Martin, James Smith, Robert Stephenson, Jr., and William Corbett; and the commission empowers them to inquire "into the present state of large towns and populous districts in England and Wales, with reference to the causes of disease among the Inhabitants, and into the best means of promoting and securing the Public Health under the operation of the laws and regulations now in force, and the usages at present prevailing with regard to the drainage of lands, the erection, drainage and ventilation of buildings, and the supply of water in such towns and districts, whether for purposes of health, or for the better protection of property from fire, and how far the public health and the condition of the poorer classes of the people of this Realm, and the salubrity and safety of their dwellings, may be promoted by the amendment of such laws, regulations and usages."

But we cannot particularize further.

It yet remains to say a few—and we have only space for a few—words on the other works.

The *Hygiène* of Levy is one of the best that have appeared from the French press. There is none, indeed, so completely up



to the day in the mode in which the matters belonging to *hygiène* are treated. The failing of his countrymen is, however, again observable. His knowledge is wholly French,—at least, he evidently has received what he knows of the doings abroad amongst “outside barbarians,” almost wholly—if not wholly—through the medium of that language. Still, his book is richly worthy of being placed in the library of the scientific physician.

The very title of Dr. Metcalfe's book is enough to excite alarm in these sweltering dog-days. We have already expressed a general opinion of its merits. It is one of its leading objects, as Dr. Metcalfe states in his preface, to prove, by a careful generalization of facts, that caloric and electricity are mutually convertible; and “consequently that they are modifications of one and the same essence, which is the active principle in light, and in all the phenomena of nature.” p. xii. The author's main views were first promulgated in an *Essay*, entitled “A New Theory of Terrestrial Magnetism,” published at New York in 1833, and somewhat extended in a series of papers in the *Knickerbocker Magazine* of 1834—5. The second volume contains the application of those views to *Biotics*—the science of life—and it furnishes many interesting materials for thought, into which we cannot at present enter. Should the work be reprinted here, opportunity may occur for a further notice.

The *Pennsylvania Journal of Prison Discipline and Philanthropy* is “devoted to the exposition and promulgation of correct views on Prison Discipline, Police Systems, Asylums for the Insane Poor, Societies for the aid of discharged prisoners, and other reforms immediately connected with those abuses.” It is of course the great exponent of the “*Pennsylvania*” or “*Separate System*,” and so long as it is only the liberal exponent of that system, and does not enter into recriminatory polemical discussions, it does well. The “*system*” has been both misunderstood and misrepresented; but late occurrences seem to show, that it is about to be properly appreciated, and to be univeraally regarded as one of the great moral improvements of the age.

Hitherto the articles in the *Journal* have been generally written in good taste; and the work has been creditable to the active

philanthropists who are concerned in its management. Harsh references to individuals—no matter what may be the provocation—should, if possible, be avoided; and under this view, we should have been glad if the allusion *ad hominem* in the following, not—by the way—most perspicuous passage, had been omitted:

“In all the prisons on the Auburn plan, numerous pardons are granted to those who are ill, and who would die if kept in confinement, in order to save life. This is avowed in a number of reports; and where it is not confessed in relation to others, we can prove it, if required, by any responsible person—the denial of Mr. Dwight, if it should be made, will not be regarded.” p. 277.

We regard it as an error in this third number, that so much space is occupied by the memorial soliciting a State Hospital for the Insane, submitted by Miss Dix to the Legislature of Pennsylvania, Feb. 3, 1845, which, with the act to establish an asylum for the Insane Poor, occupies no less than 49 pages. Then follow an article by Dr. Emerson, on the mortality among the colored population of Philadelphia; and a republication on the effects of secluded and gloomy Imprisonment on Individuals of the African variety of mankind in the production of Disease, by Dr. B. H. Coates, which was read before the American Philosophical Society at its centennial celebration in 1843, and was afterwards published in the Transactions of the Historical and Literary Committee of that Society. Interesting as these papers are, they require no further notice from us at this day.

Some valuable Tables of Diseases and Deaths in the County Prison of Philadelphia follow; and there is also a communication on the ventilation and warming of Prisons and other Buildings, which may be perused with interest. It will be concluded in the next number.

On the whole, there is much matter of hygienic importance in the Journal; and should it continue to be conducted with spirit and ability, it cannot fail to be a valuable contribution to “philanthropy,” and therefore ought eminently to receive favour from the medical profession, in whom science and philanthropy should be intimately blended; otherwise its members are but little adapted for their elevated avocation.



*Elements of Chemistry, Theoretical and Practical.* By GEORGE FOWNES, Ph. D., Chemical Lecturer in the Middlesex Hospital School, and to the Pharmaceutical Society of Great Britain. With numerous illustrations. Edited, with additions, by ROBERT BRIDGES, M. D., Professor of General and Pharmaceutical Chemistry in the Philadelphia College of Pharmacy, &c. &c. 8vo. pp. 460. Lea and Blanchard, Philadelphia, 1845.

The design of the author in the preparation of this volume appears to have been to present to the student of Chemistry, in a compact and inexpensive, but intelligible form, "an outline of the general principles of that science, and a history of the more important among the very numerous bodies which chemical investigations have made known to us." The author modestly assures us that "the work has no pretensions to be considered a complete treatise on the subject, but is intended to serve as an introduction to the larger and more comprehensive works in our own language and in those of the Continent." Notwithstanding this announcement, we are presented with a work, not only comprehensive as regards general principles, but full of practical details of the working processes of the scientific laboratory; and in addition, it contains numerous wood engravings, showing the most useful forms of apparatus, with their adjustments and methods of use.

What adds materially to the value of this work is the view which it contains of our present knowledge of organic chemistry. To the ultimate analysis of organic bodies the author has devoted, indeed, considerable space, and has exhibited the subject in as clear and intelligible a point of view, probably, as it is susceptible of, in its present progressive state. So great is the labor now employed on this intricate branch of chemistry, and so important and numerous have been the discoveries of Liebig and others, that the old land-marks are removed, and an entirely new field opened to our view—a field teeming with the brightest objects for the contemplation of the chemical philosopher.

The original work having been full and complete, as far as the limits of such a volume would permit, and on every point brought up to the date of its publication (in September last,) the task of

the editor has been to add any important matter which appeared since, and to correct such typographical errors as had escaped the author. That this task has been well and ably performed, the known zeal and competency of Dr. Bridges afford a sufficient guarantee. In mechanical execution, the present edition is to be commended in every thing but the quality of the paper, which is not in keeping with the typography and excellent wood engravings.

The volume is of a very convenient size for a text-book for medical students, and is in all other respects well adapted to their wants; nor will it be found less suitable as a book of reference for physicians and practical chemists, who may desire to keep pace with the rapid advancement of the science.

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## THE MEDICAL EXAMINER.

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PHILADELPHIA, SEPT., 1845.

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### CLINICAL MEDICINE AND SURGERY IN PHILADELPHIA.

From the Journals and Annual Circulars of the Medical Colleges in the principal cities of the United States, we discover an increasing attention to the subject of Clinical Medicine; imitating, in this respect, the course of the great Medical Schools of Europe. In a former number of the Examiner, we mentioned an intention of giving some account of the various institutions of Philadelphia where clinical instruction is afforded, with some notice of their arrangements, and the method of teaching, by which large classes are enabled to partake of their benefits. In our next number we shall endeavour to find room for a fulfilment of this promise. We advert to the subject at the present, merely to correct an error rather extensively promulgated in regard to the clinics held at the Colleges.

Some ten or a dozen years ago, the faculty of Jefferson Medical College established a Dispensary at the College, in order to afford to its students additional opportunities of witnessing diseases, and the effects of remedies. The operation of this has been so satisfactory as



not only to induce its continuance and increase, at a very heavy expense, but it has also led to the adoption of a similar plan by the University of Pennsylvania. At these clinics, a great number of patients assemble, afflicted with nearly all the diseases that "flesh is heir to"—those who are able to leave their beds, but are unable to walk, are provided with conveyances, and every thing is done for their relief that skill and humanity can accomplish. The consequence is, as may well be supposed, that the clinics have become favourites, both with the poor and the profession, and hence the crowds who flock to the Colleges on prescribing days—patients to be relieved, and physicians and students to listen to the principles inculcated by the prescribers, and witness the results of their practical application. Now, the mistake has been made, and by some who ought to have known better, of supposing that these clinics are regarded by the institutions at whose expense they are maintained *as substitutes* for attendance on *hospital practice*. Both the University of Pennsylvania, and Jefferson Medical College, require evidence of having attended one season at some approved *hospital*, from every candidate, before he is admitted to examination for a degree. It never has been the intention of either of the Colleges named, to dispense with *hospital* instruction as a pre-requisite to graduation. On the contrary, they desire only to *increase* the opportunities of their pupils for obtaining clinical instruction. And such has actually been the result; for, notwithstanding the popularity of the College clinics, the attendance on the lectures at the *hospitals* in Philadelphia never was so great as within the last three or four years, nor have the exertions of the teachers ever been more unremitting. Whatever *apology* other institutions may think necessary for their course in this matter, it is but just to the two great schools of which we have spoken, that their motives and actions should not be misunderstood in the policy they have adopted and so successfully carried out.

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ANNUAL ANNOUNCEMENTS OF MEDICAL LECTURES.

In addition to those already acknowledged in a previous number, we have received the annual circulars of the following institutions, besides one or two more which are by some accident mislaid: Transylvania University, at Lexington, Kentucky; Hampden Sidney College, at Richmond, Virginia; Pennsylvania College, at Philadel-

phia ; Medical Department of the University of New York at N. Y ; Willoughby Medical College, at the village of Willoughby, on the southern shore of Lake Erie ; Laporte University, at Laporte, Indiana. In the midst of so much competition, it is gratifying to find in several of these publications the assurances of *unexampled success*. Each finds occasion for exultation—one in the numerous diseases, and scarcely less numerous deaths, which so bountifully supply its clinics and dissecting room, *in consequence of being situated in a large city* ; another from the healthfulness and freedom from exposure to the temptations and vices of *a large city*, because *it is a country school* ; a third felicitates itself on the presumed benefit of the faculty being *self nominated and self governed* ; and a fourth finds advantages *in the peculiar institutions* which surround it, and the opportunities afforded for learning *sectional medicine*, and perpetuating *sectional feelings*. &c. &c. In all, we discover no lack of the natural yearnings after success, whatever deficiency there may be evinced in some of the dignity which makes success honourable.

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#### ST. LOUIS MEDICAL AND SURGICAL JOURNAL.

The August number of this Journal comes to us with an additional name upon the title page. Originally, it was conducted by Dr. M. L. Linton, who afterward was assisted by Dr. McPheeters, and now Dr. V. J. Fourgeaud is associated with them. The Journal has always been a respectable one, and, from the accession of Drs. McPheeters and Fourgeaud to its editorial management, will in future present still greater claims to patronage.

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#### TO CORRESPONDENTS.

We have received communications from Doctors Bailey and Turnbull, which shall appear in our next number.



## RECORD OF MEDICAL SCIENCE.

*Case of Congenital malformation of the Heart.* By JOHN BELL, M. D.—W. A—, the second child of healthy parents, was born 30th of August, 1837. For the first two years of his life he did not manifest any peculiarity of appearance or disorder of function beyond occasional attacks of bronchitis, during which his face assumed a hue seen only in the most violent forms of bronchial congestion. From within eight months after birth until he had entered his fourth year I lost sight of this child.

After again resuming my professional intercourse with the family, my attention was directed to W.'s appearance and sufferings. His face and extremities were then of a dark blue, as were also his lips and tongue; the eyes prominent and shining, and the conjunctiva injected and of a purplish hue; nostrils large and dilated. The sternum and anterior part of the thorax were unduly prominent. The ends of the fingers and toes are broad, swelled and pulpy. Respiration hurried and panting, and the breath emitted during speech with a kind of hissing sound; pulse frequent and rather full, but easily compressed. Impulse and the bellows sound well marked over the sternum. Dulness on percussion was of quite limited extent. The jugulars are much distended. The temperature of the skin, especially at the extremities, is below the natural standard. The appetite was generally good, and the discharges from the bowels and bladder were in normal quantity and regularity.

This boy is easily alarmed, and in the early part of the night often jumps up in affright, as his mother relates; but we may rather suppose that his restlessness proceeds from difficult breathing and an occasional sense of suffocation at this time. His disposition is cheerful, and, unless when suffering from a paroxysm of bronchial congestion, he is mild and easily pleased. He runs about and amuses himself in the same spirits as other children of his age. He lies indifferently on either side. It is not necessary to give the particulars of the repeated attacks of pulmonary oppression and congestion to which this poor little fellow was subjected at irregular intervals, from the time at which I begin this description of his case, in his fourth year, up to that of his death in June, 1845, or two months short of his being eight years old. These were generally induced by the usual causes of catarrh, and sometimes by indigestion. Within the last two years these attacks became more violent, and left him weaker and more irritable and nervous, with less inclination for exercise or attention to his school lessons. The prominence of the sternum and left side of the chest went on increasing; the distention of the jugulars and the pulsation were still more perceptible. The sounds in common were not strong, although those of regurgitation were quite distinct. During a paroxysm, there was, however, a loud

bellows and rasping sound, with another less evident, and comparable to a subdued gurgling, or churning, over the sternum. The pulse all the while was frequent but without force. Directly applied over the region of the left ventricle, or to the stethoscope on this part, the ear received the impression of weak sound and movement.

At two different periods, together with great precordial and pulmonary oppression, dyspnœa, &c., there was tympanites, obstinate constipation, and anasarca, against which all the usual diuretics and means of indirect reduction were utterly powerless. Recourse, however, to venesection in quantity varying from two to four ounces, and sometimes cupping, once over the loins, when there was a suspension of the urinary discharge, and, at other times, on the chest, exert an immediate and beneficially controlling influence over the disease, the restoration from which, as far as regards the symptoms enumerated, was as sudden, as it at the time was violent and alarming. The common purgatives, diuretics, and expectorants, would then manifest their customary good effects. Relief was sometimes procured from the wine of colchicum with carbonate of potash, and when the oppression was great, with carbonate of ammonia. Little or no benefit was derived from digitalis. In the two last attacks, the blood was almost entirely destitute of serum, there being not a table-spoonful of the latter to four ounces of the former.

On recovering from the attacks of acute disease, and especially when active treatment had been employed, the skin lost in a great measure its blueness, and approached nearly to its natural colour: but the characteristic expression of the eyes was still preserved. The appetite was generally good, and the craving for various articles, some of them of an indigestible nature, inconveniently great.

The last and longest attack was during the last few days of March and the first three weeks in April of the present year. At this time, the extreme oppression and dyspnœa and other evidences of excessive labour of the heart, coupled with the evidences of malformation of this organ, and the tympanites and anasarca, forbid the hope of recovery, and death was looked for from day to day. Contrary, however, to an apparently evident prognosis, the little patient rallied under the effect of two venesections; the anasarca disappeared, and his feet and legs, at one time enormously swelled, recovered their former size and appearance, and all his functions were restored to their usual condition. He was able to go about the house, and seemed to be, with the exception of weakness, as well as his peculiar state would allow.

On the — of June he was taken out to ride, and he enjoyed greatly the change. On his return, however, he complained of oppression and difficulty of breathing, which rapidly increased, and in a few hours, and before he could be visited by a physician, he was dead.

Unable myself, owing to an accident which confined me to the house, to visit the subject of this case at the time of his death, or to make a *post-mortem* examination, I was fortunate enough to procure



the kind offices, on this occasion, of my friend Dr. J. K. Mitchell, by whom, with the assistance of Dr. J. M. Allen, the dissection was made. From Dr. Allen I derive the following notes of the autopsy :—

“ Unusual engorgement of the vessels, both superficial and deep seated, with uncoagulated blood. Each pleural cavity contained five to six ounces of serous fluid—the pericardium, a small quantity. Heart very much enlarged, depending entirely on hypertrophy of right side,—the parietes of right ventricle being nearly twice its normal thickness. Nothing peculiar in the appearance of the right auricle. General appearance of the left side of the heart natural, excepting its atrophied condition. An opening about half an inch in diameter at the upper part of ventricular septum, common to the two ventricles and the aorta. Ascending aorta nearly twice its natural size, semilunar valves at its mouth correspondingly large. Ductus arteriosus open, and sufficiently large to admit a goose quill. Pulmonary artery of its natural size at the entrance of the arterial duct, but gradually tapering towards the right ventricle, with which it communicated *directly*, by an opening so small as scarcely to admit the introduction of an ordinary probe. The foramen ovale not entirely closed, but evidently not sufficiently open to allow of any deleterious admixture of venous and arterial blood.

“ The only direct communication between the right ventricle and the pulmonary artery, was so small as to escape observation until the artery had been opened and carefully explored. Did this opening at the mouth of the pulmonary artery, during life, transmit blood to or from the right ventricle? The form of the artery and the absence of any valvular arrangement at its mouth, would, it appears to me, favour the former idea.”—*Bull. of Med. Science.*

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*On Ulcers of the Cornea.* By W. WHITE COOPER, Esq., F. R. C. S., Senior Surgeon to the North London Ophthalmic Institution, &c.—Ulceration of the cornea is one of the diseases of the eye most common amongst the lower classes, and it is by no means unfrequent in the higher orders. Some forms are exceedingly intractable, especially in children, and the disease will go on, week after week, and month after month, sometimes better, at other times worse, until the patience of the surgeon is worn out, and the friends of the child are in despair. As I have had considerable experience in the treatment of these affections, I venture to offer a few practical remarks, hoping that they may not be altogether useless.

Ulcers are very commonly attendant upon strumous ophthalmia, of which a characteristic symptom is intolerance of light, and it is often extremely difficult to obtain a satisfactory view of the eye. If the patient be a child, he is sure to resist any attempt to open the eye; he will struggle, and fight, and scream, most furiously, and if we endeavour to raise the lid, the chances are, that it becomes everted, and that the cornea will be so completely concealed by it,

that its surface cannot be seen. All this, too, produces congestion of the eye, so that even if we do obtain a view, a fair opinion cannot be formed as to the state of matters, and it must not be forgotten that if the ulcer be deep, serious mischief may arise if much violence is made use of in the examination. There are two modes which I have found to obviate all these inconveniences. Either to make the examination whilst the child is asleep, when we can open the eye with ease, and see it in a natural condition—I mean not congested by excitement—or if such an opportunity does not offer, I turn the child with its back, or its side to the light, and then, shading the eye with my hand, I soothe the child, and attract its attention to some object, by which means, and the exercise of a little patience, I seldom fail in attaining my object.

Ulcers assume a variety of aspects according to circumstances. The superficial laminæ only of the cornea may be implicated, or the entire substance may be penetrated. An ulcer may be perfectly clear and transparent, as if a piece had been chipped out of the cornea, or the surface may be covered with opaque matter, and a cluster of vessels be seen running from the margin of the cornea to the ulcer. In this latter form the eye is irritable, there is intolerance of light, the conjunctiva is more or less congested, and the general symptoms are those of inflammation of the organ. If, however, there is neither vascularity nor irritability, and the surface of the ulcer is simply opaque, we may regard it as healing, for the opacity is caused by effusion of lymph, which ultimately fills up the cavity. The formation and bursting of pustules and phlyctenulæ is one of the most frequent sources of ulcers, and I have seen some very formidable instances succeeding to small-pox. They are common too after scarlatina and measles. That peculiar inflammation of the sclerotic, called rheumatic ophthalmia, is often attended with the formation of troublesome superficial ulceration, which destroys the conjunctival covering of the cornea, and spreads extensively, but does not penetrate into the substance of that tunic.

Whatever may be the character of the ulcer, it is very desirable to put a stop to its progress, and promote its healing with the least possible delay. If it be inflammatory, the application of a few leeches will be of service, and the bowels should be freely opened; a blister may be applied behind the ear, and relief will be afforded by frequent fomentations with warm water. When the acute symptoms have subsided, a weak solution of nitrate of silver will be the best application, beginning with one grain to the ounce of distilled water, and gradually increasing the strength to four grains. A full drop of this should be placed in the eye twice a day, by drawing down the lower lid and gently sweeping a large camel hair brush, loaded with the solution, along the fold between the lid and the globe, whence the fluid will be instantly carried over the cornea.

The treatment of the transparent ulcer should be directed to the removing, as far as possible, of that condition of the constitution from which it originates. As it usually occurs in feeble, unhealthy, pallid



children, every means ought to be taken to improve the general health, by diet, salt and water ablution, friction of the skin, fresh air, and medicine. Of the latter, tonics are indicated, but we find that those which do good in some cases, are of no service in others. Three, however, are chiefly to be relied on, namely, steel, quinine, and iodide of potassium. The latter has been recommended by Mr. Turton, of Sheffield, in a recent number of the *Provincial Journal*, and I can bear ample testimony to its efficacy in strumous ophthalmia. The following is the formula which I have been in the habit of prescribing for the last four years :—

|                   |                        |
|-------------------|------------------------|
| R. Potass. iodid. | gr. ij. ad. iv.        |
| Sodæ sesquicarb.  | gr. iij. ad. v.        |
| Aquæ destillatæ   | oz. $\frac{1}{2}$ . M. |

The above may be taken twice or three times daily, or it may be advantageously combined with infusion of gentian, half an ounce of each being taken at a dose. This appears to exercise a highly beneficial effect upon the constitution, and will frequently succeed when steel and quinine have failed. As a local application to transparent ulcers, there is nothing equal to nitrate of silver. If possible, I touch the ulcer once a day with a strong solution, (from six to ten grains to the ounce of water,) but as some dexterity and care are requisite, I do not think it prudent to permit the parents to do this, but, (if I do not see the patient myself,) desire a weaker solution, (three or four grains to the ounce,) to be used twice daily, in the manner I have already described.

When an ulcer has completely eaten through the substance of the true cornea, its further progress is for a time resisted by the membrane of the aqueous humour, which projects forwards through the opening, in the form of a delicate vesicle. It is of considerable importance that this should be attended to, for if neglected, and the ulcer perforates that lamina, the aqueous humour will flow out, the iris fall forward, and a portion becoming entangled in the ulcer, will project through it, appearing like the head of a fly, whence the name "myocephalon" which has been applied to it. In the former case it is best to touch the vesicle with a strong solution of nitrate of silver: in the latter case it is very desirable to cause retraction of the iris, or if that cannot be accomplished, (which is too often the case,) to prevent further protrusion, which may be done by exciting the effusion of lymph, and so glueing the portion already protruded to the margin of the ulcer. The extract of belladonna should be applied freely to the brow, and the parts touched thrice a day with a solution of nitrate of silver, by which the desired effect will be produced.

I have mentioned a form of superficial ulcer attendant upon rheumatic scleritis. When this exists, it is accompanied by an unusual amount of irritability, and intolerance of light, and the appearance is as if a portion of the surface of the cornea had been peeled off. The weak solution of nitrate of silver is here also the best application, but it is from general treatment that most benefit is to be expected. The

tongue, in such cases, is usually very foul, and the digestive organs much deranged. A dose of calomel, or calomel and Dover's powder at night, followed by a brisk aperient in the morning, should be administered, and these should be followed up by alteratives, until the tongue becomes clean. In many instances colchicum is then highly efficacious, but I have found the greatest advantage to result from the exhibition of the following :—

|                       |                    |
|-----------------------|--------------------|
| R. Quinæ disulphatis, | gr. j. ad. gr. ij. |
| Sodæ sesquicarb.      | gr. iv.            |
| Pulv. tragacanth. co. | gr. x. M.          |

Ft. pulvis, ex aquæ cinnamom. uncia sexta quaque hora sumendus.

It may also be necessary to abstract a moderate quantity of blood by cupping or leaching, and to excite counter-irritation by blistering behind the ear.

Prov. Med. and Surg. Journ.

*On the Microscopic Texture of Cancer.*—M. Desormeaux has recently published a valuable inaugural dissertation, entitled *Recherches sur la theorie elementaire de la production des tissus occidentels*, in which he has given an excellent summary of all the recent researches on the intimate structure of cancerous formations.

Müller, and (since the publication of his writings) most other pathologists, have arranged these morbid growths into two great families or groups, viz. the Encephaloid and Scirrhus. Of the former he makes the following three subdivisions.

1. Carcinoma medullare, *in which there is a predominance, in the medullary mass, of round globules over loose fibrous tissue.* The globules are of various sizes; but the smallest are larger than pus-corpuscles. Each contains a granular substance or nucleus within. They are very similar, in many respects, to those of common Cancer, and of reticulated Carcinoma or Scirrhus.

2. Carcinoma medullare, *consisting of pale, elliptic, non-elongated Corpuscles, and of a fundamental cerebriform mass.* These corpuscles are usually twice or three times as large as the globules of the blood. There is never any appearance of fibres proceeding from their surface, and they rarely exhibit any traces of nuclei within them.

3. Carcinoma medullare *with fibrated or fusiform corpuscles.* This species of Encephaloid structure has at times, on laceration, a sort of fibrous aspect, when the fusiform corpuscles are arranged in a somewhat determinate direction. According to the direction which they assume, the morbid mass will present a radiated or a tufted appearance. In many cases, indeed, their directions are so various that the lacerated surface exhibits no trace of fibres any where. The fusiform corpuscles are sometimes nucleated; at other times they contain granular points, but without distinct nuclei. They are elongated on one or two sides into fibres of different lengths. They



may be considered as cells that are arrested at the period of the process of transition from the cellular to the fibrous condition.

The three forms of the disease now described may (most probably) be regarded as so many degrees or stages in the development of the same tissue; these successive stages being characterised, 1, by rounded nucleated globules; 2, by elongated oviform globules, which are either non-nucleated, or indistinctly so; and, 3, by fusiform globules.

These several kinds of globules may be regarded as so many successive epochs of evolution, through which a *cell* must pass before it can become a fibre. Thus we find that, in an Encephaloid mass, there is the same transformation of the primitive elements as occurs in many normal tissues—with this difference only, that the process of evolution is not complete, being arrested before the fibrine is perfectly formed. There is a perfect analogy in their mode of formation. The essential element of an encephaloid tumour is the presence of cells. In some cases the entire mass is composed of them, placed one alongside of the other, but without having any perceptible bond of union; while in others, there is a network of fibrous or cellular tissue interposed between the cells. When this fibrous tissue prevails, the Encephaloid then approaches in character to the Scirrhus structure. In the latter, the existence of the two elements—cells and fibres—is always more distinctly marked than in the former. The fibres are often quite perceptible by the naked eye. Sometimes they are lengthened and run parallel to each other; at other times, they form rounded capsules, within which the globules are contained. As in the case of the newly-formed fibres of the cellular tissue, so those of a scirrhus formation are destroyed by acetic acid, leaving nuclei or nucleated fibres behind. The fibres sometimes exhibit at different points a sort of varicose enlargement, within each of which a nucleus is found. This appearance is often observed in fibrous tumours (not genuine scirrhus) of the uterus and other parts.

In the *reticular Carcinoma* of Müller, the white network, which encloses the scirrhus globules in its meshes, is formed of round opaque granulations, three or four times as large as the blood-globules: they are occasionally agglomerated into round masses. The genuine Scirrhus tissue, of a pale greyish colour, is composed of globules that, on the whole, resemble those of the first stage of Encephaloid formation. These globules are either round or somewhat oval: along with them we find free *nuclei* with their *nucleoli*.—(Vogel.)

From a variety of observations we may reasonably conclude that the cells of Scirrhus are formed around the nuclei of which M. Vogel speaks; their contents are at first granular and almost opaque. When the process of softening commences, the granulations disappear, the globules become transparent, and within them are formed new cells, which at first are few in number, and gradually multiply, until they entirely fill the parent cell. M. Valentin, who, in part at

least, admits this account of the progress of the cells, says, that the parent cells eventually burst and discharge their cellules: in this way we may account for the presence of young free cells in scirrhus formations that have become softened.

The intercellular substance seems to undergo certain modifications corresponding with the evolution of the cells; the granulations or granular points, which it often contains, usually disappear, and it becomes limpid, while at the same time the space, which it occupies, is diminished by the enlargement and multiplication of the cells.

The fibrous network does not appear to follow in its alterations the development of the cells: it may remain firm and resisting, while the cells are far advanced in their evolution. Even when a scirrhus tumour has become completely softened, this tissue sometimes forms shreds that retain their original character.

In *alveolar Cancer*, the basis of the morbid tissue consists of white fibres and lamellæ, which cross and intercross with each other, intercepting between the meshes thereby formed limpid cells, either closed or communicating with each other, of various sizes from that of a grain of sand to that of a large pea, and filled with a transparent gelatinous substance. In this substance there are cells, and these cells contain other cells more minute. The smallest of these cells exhibit at one point of their parietes a distinct dark-yellowish nucleus, and sometimes also many free and unattached granules floating within them. To this species M. Müller refers the *gelatiniform* and *areolar cancers* of Laennec and Cruveilhier. The cells of this species of the disease appear to be only an advanced or more mature degree of the cells of Scirrhus.—*Lond. and Ed. Month. Journ., from Journal de Chirurgie de M. Malgaigne.*

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*French Report on Vaccination.*—This report was read by M. Serres at the seances of the Royal Academy of Sciences, on the 21st of February and 3rd of March. The following are the general conclusions with which it terminates.

1. The preservative power of Vaccination is absolute in a large majority of individuals, and temporary only in a small number. Even in the latter case, it is almost absolute up to the period of adolescence.

2. Small-pox rarely attacks vaccinated persons before the 10th or 12th year of their age. From this period to the 30th or 35th year of life, the liability to variolous infection is greatest.

3. Besides its preservative virtue, Vaccination introduces into the organisation a property or power which attenuates (so to speak) the symptoms of small-pox, shortens their duration, and very considerably diminishes their severity and danger.

4. Cow-pox lymph, taken directly from the animal, gives to the local phenomena of Vaccination a more decided intensity, and its effects are more certain than when old virus has been used. It would seem, however, that, in the course of a few weeks after its transmission to the human system, this local intensity no longer exists.



5. The preservative power of cow-pox does not appear to be intimately connected with the intensity of the symptoms induced by Vaccination: nevertheless, in order that the properties of the lymph be duly preserved, it will be prudent to regenerate it as frequently as possible.

6. Among the means that have been proposed to effect this regeneration, the only one deserving of confidence is that of deriving the vaccine lymph occasionally from its parent source.

7. Re-vaccination is the only sure test that we have to enable us to distinguish such vaccinated persons as are decidedly proof against the infection of small-pox, from those that are only partially or imperfectly so.

8. The result of re-vaccination does not afford a certain proof that those vaccinated persons, in whom it takes effect, were destined to contract small-pox; but only a high probability, that it is especially among such individuals that the disease is likely to occur.

9. As a general rule, re-vaccination should be practised at, and from, the 14th year of life. If small-pox, however, be epidemic, it will be prudent to anticipate this age, and re-vaccinate from the 8th or 9th year.

Among the prefatory observations of the report, allusion is made to the circumstance that Vaccination will sometimes *take* most perfectly in persons who have had small-pox. M. Moreau, the distinguished accoucheur of Paris, assures us that he has vaccinated himself with effect three different times, although he had the small-pox in his youth.

An official document, published by the Government of Wurtemberg, and wherein it is set forth that, out of 1677 cases of small-pox which occurred from the year 1831 to 1836, no fewer than 1055 were in vaccinated persons, contributed very materially to encourage the performance of re-vaccination in most parts of Germany.

The reports, too, of various epidemics of small-pox of late years in this country (France) clearly shew that the proportion of vaccinated persons, who have become affected with the disease, is more than one-third of the entire number attacked. The importance, or rather the necessity, of re-vaccination is therefore strikingly apparent. We have good reason for believing not only that multitudes have been preserved from variolous contagion by having recourse to this measure, but also that the disease has thus been actually arrested in its progress by, as it were, a barrier which it could not overleap.

The effects of re-vaccination in the Prussian army, since the year 1833, have almost completely extirpated small-pox from its ranks. In the Kingdom of Wurtemberg also, it has been found that out of 14,384 soldiers and 19,864 civilians, who were re-vaccinated, only one case of Varioloid has occurred among the former, and only three among the latter, during a period of five years.

Since the year 1830, when the practice of re-vaccination became general, no epidemic of small-pox has been experienced in that king-

dom. The good effects of this practice have been not less striking in some of the Italian states.—*Med. Chir. Rev. from Comptes Rendus.*

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*Cranio-malacia, or Softening of the Bones of the Head.*—About three years ago, Dr. Widtmann was called to a child, nine months old, who had died suddenly and most unexpectedly on its mother's lap. The attendants drew his attention to the state of the occiput: it was quite devoid of all hair, had a bluish aspect, and was so soft and unresisting to the pressure of the finger, that it yielded like a piece of thin pasteboard. Dr. W. attributing the death to *Laryngeal Asthma*, did not think much of the case, till about a twelve-month afterwards, when he happened to meet with, in the writings of M. Elsaesser on *Atrophy of the cranium*, an exact description of its leading features. According to this author's observations, the occipital bone, in this morbid state, will often be found on dissection to exhibit several solutions of its osseous continuity, the vacant spaces being then filled up with nothing but membrane. The periosteum is usually highly vascular, thick, and firmly adherent. Such a state of the cranial bones M. Elsaesser regards as the commencement of rickets; this disease subsequently affecting other bones of the skeleton, if the patient survives. As a matter of course, the children affected with it are always poor weak ailing creatures, with big heads, pale bloodless complexions, and tumid bellies. These are the usual victims of that disease which, under the names of *thymic asthma*, *laryngismus stridulus*, *laryngeal asthma*, &c., has attracted so much notice of late years. M. Elsaesser prefers to call it *tetanus apnoicus* (*i. e.* non respirabilis) *periodicus*, and attributes it to a transitory congestion of the brain, which has become the more readily excited in consequence of the attenuation of the cranial bones. The disease most frequently occurs in the second trimestrial period of life. A common symptom in such children is, that they are fretful and uneasy, whenever they are laid down; while they may generally be pacified by taking them up in the arms, and keeping the head well supported.

Dr. Widtmann relates no fewer than *nine* cases of this infantile asthma, in every one of which, he assures us, there was a very obvious and easily recognisable softening of the occipital bone. In one, which proved fatal, this bone is described as being externally of a deep blue colour, and as thin and yielding as a piece of parchment; the diploe was soft and full of a sanguinolent fluid.—*Ibid, from Medicinisches Correspondenzblatt Bayerischer Aertz.*

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*On the Use of Ioduret of Potassium in Syphilitic Affections.*—The report, which M. Gauthier has recently published respecting the curative power of this salt of Iodine in secondary and tertiary syphilitic affections, is on the whole highly favourable to its use. He has administered it in a vast number of cases, and has rarely noticed any injurious or even unpleasant effects fairly attributable to its operation.



On a few occasions it appeared to cause a salivation; which, however, speedily ceased. Now and then, an innocuous exanthem made its appearance on the surface. In some persons it causes slight gastric irritation; but in most, the digestive functions appear to be decidedly improved under its use. In no instance has any wasting of the body seemed to be induced by it, as has occasionally been observed with respect to Iodine. One of the most constant effects of the Ioduret is to increase the flow of the urine. It seems to pass very rapidly into this and the other secretions; its presence is readily discoverable by its well-known appropriate tests. M. Gauthier has often detected it in the saliva.

The following are the forms of the syphilitic disease in which he has witnessed the most decided curative effects. Pains of the *bones*, even when most severe, are often very rapidly and effectually subdued; nay, when caries exist, a salutary change is not unfrequently obtained. Thus in *Ozæna*, complicated with disease of the palate or nasal bones, we seldom fail in greatly benefiting, if not in curing, the disease. In various tubercular affections of the *skin* and *mucous membranes*, the Ioduret will be found most useful. Deep ulcerations of the throat and pharynx, rhagades or fissures about the anus and nails, will not unfrequently heal up most satisfactorily, even when mercury has been previously tried and failed. It is sometimes truly marvellous to witness the decided improvement of the general health in the course of a few days, under the use of the Ioduret when judiciously administered. M. Gauthier considers that it is a most valuable remedy in many cases of mercurial cachexy: an ioduretted gargle will often serve to check salivation from this cause.

He invariably begins its administration in small doses—from two to four grains, or even less, twice a day. The quantity should be doubled every third or fourth day, until it reaches 15 or 20 grains. This dose should be continued for some time; but, if it fails in producing any decided effect upon the disease, it may be increased to two scruples or even a drachm. In a few cases, he has given as much as two drachms in the course of the twenty-four hours.

A solution of the Ioduret in water, to which some tincture of Iodine has been added, may be advantageously used as a gargle in ulcerated sore-throat, and as a wash to ulcers on the surface, or on the Schneiderian membrane.

The average period, during which the internal use of the Ioduret should be continued, may be stated to be from six to eight weeks. Much will depend on the gradual increase of the doses given. Many cases will remain stationary, if the quantity of the salt administered be not progressively—and this, too, rapidly—augmented.—*Ibid*, from *Observations pratiques sur le Traitement des Maladies Syphilitiques par l'Iodure de Potassium*, by M. L. Gauthier.

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M. Jobert de Lamballe, surgeon to the Hôpital Saint Louis, Paris, has been appointed surgeon to the Hôtel Dieu, to fill up the vacancy caused by the death of M. Breschet.—*Prov. Med. and Surg. Journ.*

*Quarantine Laws.*

Extract from the Proceedings of the Physico-Medical Society of New Orleans.

At a regular meeting of the Physico-Medical Society of New Orleans, held Saturday evening, 15th February, 1845, an article read by Dr. Hort, on the subject of Quarantine laws, was, on motion of Dr. Farrell, referred to a committee of five, to report at a subsequent meeting. The President appointed on said committee Drs. Farrell, Hort, Jones, Anson and Dowler.

At the regular meeting of the same Society, Saturday evening, May 10th, the following report was submitted by the committee and unanimously adopted.

The committee appointed to report on the expediency of Quarantine laws as a means of preventing the importation of yellow fever into this city, beg leave to state, that in considering this subject they have felt the responsibility which appertains to questions affecting the health and prosperity of the city, and the lives of the inhabitants.

That while they admire and appreciate the ability with which several eminent medical men have advocated the contagiousness of yellow fever, its importation from the Eastern into the Western hemisphere, and the consequent necessity of the establishment of Quarantine laws, they nevertheless consider that the weight of testimony and of facts is immeasurably on the other side of the question; and which opinion is further confirmed by their own experience and observation.

That they can see no reason why the same local and general causes, under the same circumstances, or very nearly so, should not produce similar results in the production of malignant fevers, in both hemispheres of the world.

That where sufficient causes exist to engender disease in one place, it is useless to speculate on the question of its importation from some other place.

That in reviewing the history of yellow fever for one hundred and fifty years past, the committee have come to the conclusion that it was developed, as were many other malignant diseases, before unknown, by the march of civilization urged forward by commercial enterprise.

That in this way, in the course of time, yellow fever became developed in both hemispheres, confined within nearly the same parallels of latitude, and forming distinct yellow fever regions, in addition to the regions of cholera and plague.

That in the gradual progress of civilization, measures have been adopted, and changes of climate have taken place, which have greatly diminished the yellow fever region in this hemisphere; and that its northern limit is now twelve degrees south of what it was a hundred years ago, in the time of Lind.

That this great result has been accomplished, not by quarantine laws, but by other judicious police regulations, together with great changes in the local features of countries; and those atmospherical changes, over which man has no control.



That quarantine laws, even should their existence be deemed necessary, are inadequate to the protection of a seaport of easy access; as Dr. Rush says, that a *still more rigid* quarantine called for in 1797, in Philadelphia, failed to accomplish the purpose desired. In 1805, the same fact is affirmed by Dr. Rogers, health officer at New York. In 1842, if imported, this system again failed at New York, (and in this city, it signally failed in 1820 or '21, when a rigid quarantine was established at the English turn.)

The committee are therefore of opinion, that quarantine laws are unnecessary and inexpedient for the protection of the city.

That even if they did prevent the importation of yellow fever (admitting for one moment, for argument sake, that the disease might be imported), they could not at any rate prevent the existence of diseases equally fatal; such as the congestive fever, and the malignant types of intermitting and remitting fevers.

That facts seem clearly to prove, that the yellow fever has decreased in malignity, in a ratio with the improvements of the city—as the draining of the land in the rear of the city; the paving of the streets; the filling up of empty lots; the use of asphaltum; permitting the river water to run through the streets, when the river is high; and the removal of filth and offal from the streets.

That instead of quarantine laws, the measures last alluded to should be steadily persevered in, and carried, by an enlightened policy, to a still greater extent; which would not only have a tendency to avert yellow fever, but all other malignant diseases, peculiar to our climate and position, at a particular season of the year.

The committee, in conclusion, sum up this report by declaring:

That they believe the yellow fever to be a disease of local or domestic origin, and that it is not an imported disease.

That it is never contagious.

That it may be made to yield to judicious police regulations.

That quarantine laws are very expensive to the community, and that they are not only unnecessary and inexpedient, but worse than useless. They therefore recommend:

1. That the commissaries in each ward be required to look into back yards and lots; and be authorized to cause everything offensive to be promptly removed.

2. That the different Counsels of the city should exert themselves to the utmost in their official capacity, to have the surface of the earth covered over with something, to prevent the exhalations from the alluvial soil on which the city is built; either round or paving stones, or bricks, or shells and sand, or asphaltum.

3. That the owners should be compelled by law to fill up all low swampy lots within the limits of the city.

4. That all offal deposited in the streets should be promptly removed; and, if possible, before the heat of the day.

5. That whenever the river is high, the water should be allowed to run through the streets day and night: and that when it is too low,

the water works, or if necessary, additional works established for the purpose, should be brought into play.

6. That above all, particular attention should be paid by the city authorities, to the alluvial bank, particularly under the wharves of the Second Municipality, which is annually uncovered as the river falls, exposing an immense surface of fresh deposit, covered with every kind of decaying vegetable and animal matter, which daily accumulates, either carried there by eddy currents of the river, or thrown in by the inhabitants.

The committee deem this last consideration to be of the highest importance, as there is every reason to believe that the bank of the river, under the wharves, is more productive of disease in the summer than all other causes in the city, combined.

7. That instead of depositing the filth and offal collected in the streets by the scavengers, in empty lots or in the rear of the city, it is recommended to the city authorities to have all such filth and offal thrown into the current of the river.

They would also observe, that the measures just recommended would not be attended with one-fourth of the expense of a quarantine establishment properly conducted; while, should they be pushed forward with zeal and energy, the time might, and no doubt would, ere long arrive, when New Orleans would no longer be within the yellow fever region; and consequently exempt, not only from that pestilence, but from all the other fatal diseases of the summer and fall, peculiar to our climate and to our position. This accomplished—what would there remain to retard the growth and prosperity of our city? She would speedily accomplish her high destiny, and in less than a quarter of a century become the most wealthy, prosperous, and populous city in the western hemisphere.—*New Orleans Med. Journal.*

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*Hereditary Transmission of Insanity.*—M. Baillarger, in a recent number of the *Lancet*, gives the following result of his researches on the hereditary transmission of insanity, as to the number of cases which appear in the same family.

In six hundred families in which insanity had declared itself hereditarily, the number of lunatics at the same time was 1,466, which gives between two and three lunatics for each family. Among the most remarkable facts were the following:—

1. M. T. became insane at 17; his mother, his maternal grandmother, and a maternal uncle, had been affected with insanity.

2. M. M. became insane at the age of 20; was born of a lunatic father; his paternal grandmother had been mad, and his sister had suffered an attack of mania.

3. W. insane at 46; his mother, two uncles, a maternal aunt, and a sister, had been afflicted with insanity.

4. The father and the paternal grandfather of M. L. had been insane; he himself became a maniac at 28 years of age. Several



times I have seen three brothers or sisters stricken with lunacy in the same family.

5. Madame P., aged 35, born of an insane mother, had already two brothers and a sister insane when she became maniacal.

6. In one case I found the father, the daughter, and three paternal uncles, affected with insanity.

7. In another case the mother, the daughter, and three collateral relations belonging to three different generations, a great uncle, an uncle, and a cousin were affected.—*Dublin Med. Press.*

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*On the Rapidity of the Passage of some Foreign Substances through the Kidneys.*—The last number of the Medical Gazette contains a continuation of Mr. Erichsen's experiments upon the patient affected with extroversion of the bladder, with the view of determining the rapidity of the passage of several foreign substances through the kidneys.

Vegetable infusions require, according to him, a longer average time for their passage through the system than the ferrocyanate of potash, and, like the latter, the rapidity of their transmission from the stomach to the blood, and their secretion from this by the kidneys, depends in a great measure on the condition of the digestive process at the time they are taken. Thus, an infusion of galls appeared in the urine in 30, 33, and 36 minutes; an infusion of rhubarb in 22 minutes, infusion of madder in 16 minutes, infusion of uva ursi in 35 minutes, and decoction of logwood in 19 minutes.

The next series of experiments were instituted with the view of determining the length of time which intervened between the administration of the salts of the fixed alkalies, and the change in the reaction of the urine from acid to alkaline. The citrates and tartrates of potass and soda alone were used, because the subject of the experiments could not be induced to take either the carbonates of the alkalies or the liquor potassæ in sufficient quantity.

The rapidity with which the urine was rendered alkaline in these experiments varied—in one instance 28 minutes were required, in another 47 minutes, and in two others 34 and 40 minutes. In two instances the urine continued alkaline until the fourth day. The increase in the amount of the urinary secretion after the salts of soda had been taken was remarkable, and well exhibits the diuretic properties of the alkali. After the citrate of potash had been taken, the quantity of urine did not appear to be much augmented, though it was rendered distinctly alkaline.—*Ibid.*

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*On the Dropsy which follows Scarlatina.*—Dr. Golding Bird gives the following summary of the facts recognized in connection with the development of dropsy after scarlatina :—

1. The anasarca does not appear during the existence of the rash

2. The sequelæ, which do not depend on local mischief about the throat, usually appear about the end of the first week after the recession of the rash, rarely before, and not often after this period.

3. The frequency of their occurrence is in the inverse ratio of the vividity of the rash.

4. The urine contains certain of the elements of the blood (albumen and red particles,) with a considerable number of large organic globules.

5. The blood contains some of the elements of urine, as proved by the existence of urea in it, as well as in the secretions derived from it.

6. Analogous effects, although looked for, have not been observed on the recession of other exanthema, as measles and small-pox; nor in cutaneous affections, in which free perspiration must be checked or greatly lessened, as in lepra, psoriasis, chronic eczema, &c.—*Ibid.*

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*Treatment of Chorea by the Use of Cannabis Indica.*—This medicine has been administered with great success by Dr. Corrigan, in some cases of chorea, at the Richmond Hospital, the details of which are given in the Hospital Gazette. The subject of the first case was a girl, aged 10, in whom the muscles of the upper and lower half of the body, together with those of the tongue and face, were engaged.

It had been of five weeks' standing on her admission, at which time she was ordered gtt. v. tr. can. Ind., ter in die; considerable amendment had taken place in eleven days, and the dose was then increased to gtt. xv., ter in die. This quantity she continued to take for a little more than five weeks, when she was discharged cured.

In a second case, that of a girl, aged 14, in whom the affection was confined to the left side of the body, it had commenced a month before admission, and after an oil draught, with turpentine, had been given, she was put upon doses of eight drops of the tincture three times a-day. The quantity was gradually increased to gtt. xxv. ter in die, the patient complaining of headache and lightness of the head after each dose. At a period of six weeks from the time of her admission, she was discharged cured.

A third case, occurring in a girl, aged 16, had been of 10 years' standing at the time of her admission. She had been subjected to treatment at two hospitals previously, with slight amendment on each occasion. The affection here was more marked in the muscles of the arm than in those of the lower extremities, the patient being able to walk steadily. The affection in this case was ascribed to fright, but in neither of the foregoing ones could the patients attribute it to any particular cause. This girl took ten drops of the tincture, three times daily, and was discharged at the end of a month.

Dr. Corrigan also records the case of a lady, who had long suffered from severe neuralgia of the face, neck, and head, arising from



cold. On several occasions she had found relief from the use of tonics, and the application of liniments.

From a very severe attack following influenza, Dr. Corrigan ordered gtt. xx. tr. can. ind. ter die. The first dose, however, produced the following effects:—inability to swallow in half an hour after; could not keep her eyes open, though perfect consciousness of all that was passing around her remained; she then fell asleep for some hours, and on awaking felt a slight twitch in the left cheek. This occurred on the 19th of April last, since when she has been quite well.

In his observations on these cases, Dr. Corrigan goes into the question of the cause of chorea, and remarks, that from its greater frequency in females, it might be supposed to depend on the condition of the uterus, but that the disease is most often met with between the age of 7 and 14. He objects to its connection with cerebral derangement, because, he says, the subjects of the affection are remarkably intelligent, and the functions of the brain are undisturbed during the attack. It cannot, he considers, be traced to disorder of the digestive functions, as these are commonly in good condition, and accompanied sometimes with ravenous appetite—a feature that was present in the third case of chorea, alluded to above.

Viewing the negative and positive symptoms of the disease, then, he says, it may be looked on as a mere functional derangement of the motor nerves, either of the brain or spinal column, more frequently seen in females, because of the more excitable condition of the nervous system in them. Dr. Corrigan contrasts the effects of the Indian hemp with that of aconite, the action of the former being primarily on the motor nerves, its influence, he inclines to think, being transmitted along these to the sensorium and nerves of sensation, as in the case of *tic douloureux*, just alluded to in the lady, while the action of aconite is exactly the converse.

Speaking of the peculiar advantages of Indian hemp as a sedative, he assures us that even in over-doses it does not produce the dry tongue or derangement of the digestive organs, such as is seen to follow the use of opium; its effects on different individuals, however, he remarks are very variable; in the case of the lady for instance, twenty drops of the tincture caused temporary loss of power in almost all the muscles, followed by sleep, while a similar dose has been taken by other patients three times daily for weeks with impunity and advantage.

Dr. Corrigan thinks that in all cases ten drops may be given three times a day, increased after the third day to twenty or even thirty drops, but more than this he has never ventured to give; by mistake fifty drops were given instead of five to patients laboring under rheumatism and arthritic pains, for whom he had ordered the latter dose. In these cases the overdose produced severe headache, and what some of the patients described as white sight, but gave no relief to the pains.

Dr. Corrigan also alludes to the advantages derivable from the

moderate use of electro-magnetism, when in the progress of treatment, the patient, apparently on the point of recovery, suddenly ceases to advance; this he has not known to occur in the treatment by Indian hemp, but frequently under the use of other remedies.—*London Med. Times.*

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*Inflammation, Ulceration, and Induration of the Cervix Uteri.*—Dr. J. H. Bennett states that when the inflammation and induration are the immediate or even proximate result of miscarriages, difficult labors, or of deep lacerations of the organ, there is frequently more or less inflammation of the uterus itself. If metritis is present, general antiphlogistic measures, such as bleeding from the arm, &c., may be indicated. So active a treatment, however, will seldom be found necessary. Generally speaking, the patients have been exhausted by flooding, by mucoso-purulent discharges, or by previous medication, and are not in a state to bear very energetic measures. Complete rest in bed, diluents, tepid hip-baths, emollient injections, poultices to the abdomen, and a few leeches to the hypogastric or iliac region, will nearly always subdue the general inflammation of the uterus in the course of a few days, so as to admit of examination with the speculum, which must not be attempted as long as the uterus itself is acutely inflamed. As soon, however, as the inflammatory symptoms have subsided, the examination should be made, as nothing will then so much tend completely to allay the irritation of the uterine system, as cauterisation of the ulcerated surface which, instead of exposing the patient to metritis, as has been asserted, seems to exercise the same beneficial effect over the surrounding uterine inflammation, that cauterization of an ulcer of the cornea exercises over ophthalmia. When the inflammation and induration affect the cervix only, general antiphlogistic treatment is scarcely ever required. Superficial cauterization, injections, rest, and light diet, will often cure the ulceration, and resolve the induration, the latter being generally occasioned and kept up by the former. This, however, occurs when the nutrition of the engorged cervix has not been deeply modified by the subacute inflammation of which it has been the seat perhaps for months or even years. Not unfrequently, especially in very chronic cases, the hypertrophy only diminishes to a certain extent under this treatment, and even that very slowly, and then remains stationary, whether the ulceration heal or not. The cervix uteri continues to be the seat of general chronic inflammatory induration, and while this is the case, the patient cannot be said to be cured, as she still suffers from the uterine prolapsus, sensation of pelvic heaviness, and bearing down, severe lumbar pains, constipation, vesical and rectal irritation, &c., and is liable to a relapse of the ulceration, with its attendant symptoms. As this chronic induration is exceedingly difficult of removal, the treatment must be directed from the commencement with the view to effect its cure. Complete rest is indispensable. In addition, if there be much hypogastric pain, large thin linseed poult-



tices, frequently changed, should be applied to the part, and tepid hip-baths used twice a day. The cauterization of the ulcerated surface should be practised by the acid nitrate of mercury, or caustic potash. Emollient and astringent injections should also be thrown up. Attention must be paid at the same time to the bowels, and to the general health. If under this plan of treatment, the ulcer presents a more healthy appearance, and the hypertrophy of the neck appears rapidly to decrease, it may be continued, as it will probably prove quite sufficient to effect a cure. If this should not be the case, however, other remedies must be had recourse to, the most efficacious being the application of leeches directly to the cervix uteri. Their application is easily effected, and they are most certainly extremely useful in subduing deep-seated chronic inflammation in this region. The following is the easiest way to apply them; after introducing an ordinarily conical speculum, wipe off the mucus which covers the cervix with a little lint or sponage, and then place the leeches in the interior of the speculum. Over its external orifice place a bit of linen, which depress with the finger into the speculum. In the concavity thus formed, place some lint or cotton, and then with the forceps push the whole towards the uterine neck. The linen carries the leeches before it, and presses them against the os uteri. On pulling out the linen and the lint, with which the speculum was plugged, in the course of about ten minutes, it will nearly always be found that all the leeches have taken. They generally fill well in this situation, and the flow of blood is often considerable after they have fallen. Six, eight, ten, or twelve leeches may be applied at once, according to the effect to be produced, and they should be re-applied (query, fresh ones used?) several times, at intervals of five, six, eight, or ten days, when necessary, until the desired effect is produced. The leech-punctures always heal readily. Their bite is not felt by the patient, unless they fix on the vagina, which they cannot do if the speculum is properly introduced. The instrument must be held by the patient, or by the nurse, while the leeches are on. They generally fall off, but it is sometimes necessary to bring them away, after they have filled. If all these measures fail in causing resolution of the hypertrophied cervix, after trying the effects of time, and frictions with the hydriodate of potash and other solvents, the engorged cervix should be deeply cauterized either with the Vienna paste, or by the actual cautery. The eschar which forms in either case is much deeper than when the fluid caustics are used. The inflammation which accompanies its separation is also much more intense, and generally propagates itself to the entire cervix. The result is that not only is the hypertrophied cervix diminished by the extent of the slough which separates, but that the healthy inflammation set up in the chronically indurated tissues gradually melt them as it were; so that often, on its subsiding, the hypertrophied cervix has regained its natural size. When this result is not obtained by the first cauterization, a second or third never fails to reduce the uterine neck to its normal dimensions. With the disappearance of the hypertrophy,

also disappear the symptoms which it occasioned ; the uterus returns of itself to the position which it naturally occupies in the pelvis, and the cure is really accomplished. The Vienna paste, which is composed of equal parts of quick-lime and hydrate of potassa, is applied to the uterine cervix in the following manner :—A large conical speculum must first be introduced, and the engorged cervix made to enter its orifice ; or, should the cervix be too voluminous, the speculum must be firmly pressed on the part which it is intended to cauterize, care being taken not to enclose between the rim of the speculum and the cervix a fold of the vagina. About as much of the paste as would cover a four-penny piece, must then be placed on a triangular piece of diachylon plaster, one end of which is inserted lightly in the cleft extremity of a small stick. The caustic paste then carried by means of the stick, to the cervix, and applied to the centre of the part comprised by the orifice of the speculum. With the long forceps cotton is placed carefully all round the spot on which the caustic is applied, so as to protect the neighboring parts completely ; the stick is withdrawn, and the speculum is two-thirds filled with cotton or lint which is firmly pressed against the uterine neck. The speculum is then extracted, the cotton which fills it being forcibly pushed back in the vagina with the forceps, as it is pulled away, so that the vagina remains thoroughly plugged. If all this be carefully done, it is impossible for the caustic to fuse, and injure the vaginal parietes. In about fifteen or twenty minutes, the cotton or lint must be gradually withdrawn by means of a bivalve speculum, and an eschar of the size of a shilling, or rather larger, will be found where the caustic was applied. The vagina should then be washed out with a little tepid water, complete rest in bed enjoined, and emollient injections employed until the separation of the slough, which takes place from the sixth to the eighth or tenth day. This application of caustic, while it excites more inflammation than the more superficial, is rarely productive of metritis, or of inflammatory action to such an extent as to injure local abstraction of blood. The application of the actual cautery is practised by M. Jobert de Lamballe, the neighbouring parts being protected by an ivory speculum. The application is said not to be productive of much pain, and to be very successful. We need scarcely remark that such practice must be confined to the continent ; English women would not submit to it, and the surgeon who should be earnest in recommending it, would soon pay the penalty by the loss of his practice.—*Ibid.*

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*Utility of Microscopic Investigations.*—Dr. Hughes Bennett, while treating of the importance of histology in diagnosis, observes that not long ago a man was admitted into the Royal Infirmary at Edinburgh, with complete paralysis of one side of the body, and partial paralysis on the other. He died, and on examining the brain to determine the nature of the lesion, nothing whatever could be seen, but on considering the symptoms, and the suddenness of the paralysis of both



sides at once, Dr. H. Bennett was induced to re-examine the structure of the pons Varolii and medulla oblongata, and found in the former undoubted evidence of the existence of inflamed softening, combined with numerous exudation corpuscles. In another case, one of abscess in the arm, its approaching resolution was diagnosed from the appearance of fibrinous granules in the urine. M. Vogel, of Munich, in two cases, one of malignant disease, and the other of supposed malignant disease, availed himself of the aid of the microscope in forming his diagnosis with great advantage. In the first case, an ulcerated tumor near the angle of the jaw, the discharge, on examination, was found to consist, first of an amorphous matter, with blood corpuscles, and drops of fat; secondly, of crystals of cholesterine; and thirdly, of numerous cells, about one-fiftieth of a millimeter in diameter, containing a large nucleus and a nucleolus. They were not flat, but globular. The character of these cells led him to pronounce the tumor malignant, an opinion which its increasing growth, the death of the individual, and a *post-mortem* examination confirmed. The other case was that of a woman, fifty years of age, of cachectic appearance, who had an ulcerated breast of six months standing. The ulcer was about an inch from the nipple, sunk deep into the substance of the organ, and about the size of a walnut. Its edges and the surrounding substance were firm and indurated. The glands in the axilla were slightly enlarged; the other breast healthy. It being requisite to ascertain the real character of this ulcer, before proceeding to an operation, an examination of the fluid upon the surface of the ulcer was made under the microscope, and exhibited, first, pus-cells, which on the addition of acetic acid, presented the usual granular nucleus. Secondly, there were several flux scales, presenting all the characters of pavement epithelium. Thirdly, there were cells of an elongated form, similar to those observed in granulations and cellular tissue in an early stage. From these circumstances it was diagnosed that the ulcer was not malignant, and it subsequently disappeared under the use of common applications.—*Ibid.*

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*Anterior Obliquity of the Uterus.*—Dr. Pellegrini has published in the *Annali Universali di Medicina*, the particulars of a case in which labour was complicated by anterior obliquity of the uterus. According to Baudelocque, Velpeau, and others, anterior obliquity of the uterus never presents any obstacle to parturition, and is easily remedied. Baudelocque indeed affirms that the greatest inclination of this kind does not derange the mechanism of parturition, and that he has assisted at many labours which were concluded with facility, where the uterus was inclined so strongly forwards, that the abdomen fell like a sack on the knees. In October, 1840, Dr. Pellegrini was called to a woman who had been in labour for twelve hours—she was *ætat.* forty; had already borne four children, and for upwards of a year had been subject to gout. The abdomen formed a great sack, which hung down upon the thighs; and, although the woman was in the

horizontal position, the fundus of the uterus touched the knees. The woman informed Dr. Pellegrini that her abdomen had begun to fall down in the fourth month, but that it caused her no alarm, for the same thing had occurred in her previous pregnancies without any bad effects. On the present occasion the midwife who had been with her had in vain attempted to replace the uterus: the contractions were strong, and directed from below upward; the membranes had been ruptured several hours. On vaginal examination the head was found presenting at the brim; the uterine orifice was widely dilated, directed to the vertebral column, and the posterior surface of the uterus had become the anterior. It was, of course, impossible for parturition to go on this way, all endeavours to raise the uterus were unsuccessful, and when these attempts were prolonged, the patient was seized with convulsions. Dr. Pellegrini then thought proper to attempt turning: in this he succeeded, but the fœtus was dead, and the mother died four days afterwards of *metropéritonitis*. Not even when the foetus was extracted could the uterus be replaced, for a large mass of intestines immediately descended on the organ, and kept it still lying on the anterior surface of the thighs.—*Ibid.*

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*Case of Congenital Opacity of the Cornea.* By PHILIP W. MACLAGAN, M. D., Staff Assistant Surgeon.—Mrs. K., wife of a private soldier in the Royal Canadian Rifle regiment, was delivered on the 7th of October, 1844, of a healthy female child. This was her fourth. The three others, all girls, bore evident marks of a dropsical constitution, but at the same time were healthy, good-looking children. As the woman belonged to a detachment some miles from my own residence, I was not with her during her labour; but next day, on my visit, my attention was called by one of the soldier's wives to the infant, which she said was *born blind*.

The state of the eyes at this time, *i. e.* about fourteen hours after its birth, was as follows:—On neither was there the slightest trace of vascularity or purulent discharge; the left cornea was completely opaque; the right was in the same condition, on its inferior two-thirds, but the upper third was clear, the opacity terminating by a tolerably defined edge. At first, I thought that I could perceive this edge to change its position, as the child's head was inclined to one side or the other, which led me to suppose the opacity resided in the aqueous humour; but this I found to be a mistake. Never having seen such a case, and not being able to hear of one, I was led to form an unfavourable prognosis: but in this I was agreeably disappointed; for in a few weeks the edge of the opacity on the right cornea began to thin off, to become less defined, and at length to recede, so that a part of the pupil could be seen on looking straight at the eye, while at first it could only be observed by looking from above. It was long before any change could be perceived on the left eye; but about the beginning of January, *i. e.* three months after



birth, it too began to improve—the opacity at the upper part of the cornea becoming more diluted-looking, and by degrees disappearing. At this time, it was curious to observe the infant instinctively depressing the eyeball, when any bright object was held before it, so as to permit its image to fall through the upper portions of the cornea.

When I was removed from that post, a few days ago, the improvement was gradually progressing. There is now only a small portion of the right cornea opaque, and the upper half of the left is tolerably clear, so that the child directs the eyes forwards, and not as formerly, downwards; and I have great hopes that the opacity may disappear entirely, or at least so far as to leave vision totally unimpeded. She was vaccinated on February 12th, and soon after attacked by a very mild variolous epidemic, at that time prevalent in the neighbourhood. After this she had superficial ulceration behind the ears, which I rather encouraged than otherwise; but it did not seem to have any influence on the clearing of the eyes. No treatment of any kind was employed.

Since I came to Kingston, I have had an opportunity of seeing *Braithwaite's Retrospect*, in which I find several remarks on this curious subject; but as the affection does not appear to be very common, I have thought that a relation of another case might be interesting. One thing, I think, may be drawn from all the cases recorded, viz., that the opacity has a great tendency to cure itself, if left alone.

*Lond. and Ed. Month. Journ. of Med. Sci.*

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*On Mounting Preparations under Thin Glass.* By Dr. J. W. GRIFFITH.—The preparations which I have found answer permanently are—"1st, A solution of Canada balsam in ether or oil of turpentine, evaporated to just such a consistence as is sufficient to allow of its being applied with a camel-hair pencil. 2d, A mixture of gold size and white lead; this used as the ordinary gold size and lamp black has remained permanent; a little red lead mixed in with it, makes it dry quicker and harder. 3d, A mixture of red lead and gold size used immediately, dries very rapidly, and becomes very hard. 4th, A mixture of fine lamp black and white hard varnish laid on immediately forms a very good compound."—*Lond. and Ed. Month. Journ. of Med. Sci., from Tulk and Henfrey's Anatomical Manipulation.*

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*On the Alleged Action of Sulphate of Quinine on the Spleen; and upon a New Mode of Examining this Organ.*—Two years ago, in a memoir submitted to the Academy of Sciences, M. Piorry advanced the opinion, that sulphate of quinine, dissolved in a small quantity of sulphuric acid, and administered in moderate doses, acted so rapidly upon the spleen, that in the course of 40 seconds a notable diminution in the size of this organ took place. Since then, M. P. has repeated the statement, and at different times has exhibited the experiment in

the wards of his hospital, in so short a time, as to convey to the mind an idea of illusion, (*préstage*,) but not conviction. M. Gouraud having repeated the experiment, states, that in his hands it succeeded equally well, finding, that after the administration of a solution of sulphate of quinine, the region of the spleen acquires, in even less time than 40 seconds, a well marked clearness on percussion. "So much so," he says, "that the first idea that occurs to the mind is, that a considerable diminution in the size of the spleen has taken place." Doubts, however, arising in the mind of M. Gouraud, not as to the reality of the fact, but as to its explanation, he inquired, if the modification thus produced in the state of the parts, was really owing to a diminution in the size of the spleen, or not rather to dilatation of the stomach, produced by the sudden development or displacement of gaseous fluids. He tested the matter by experiment, and found, that on varying the fluid administered, using the same quantity of distilled water, with a few drops of sulphuric acid, without sulphate of quinine; then distilled water alone, lemonade, wine and water, or a common tisane, the same result, namely, disappearance of the splenic dulness, was obtained, as after the exhibition of the sulphate of quinine.

"The correct conclusion," says M. G., "from these numerous facts is, that the ingestion into the stomach of a small quantity of fluid suffices to produce a development of gas so considerable, as to give a sonorousness almost tympanitic to the region of the spleen in 40 seconds, or even less."

Another method of ascertaining the accuracy of this conclusion, is auscultation. If we apply the ear over the dull region of the spleen, at the instant a patient is swallowing a mouthful of water, we shall be struck with the loud sonorous gurgling produced by the fluid falling into the empty stomach, and can naturally explain the great sonorousness almost immediately afterwards produced in the gastro-splenic region.

M. Gouraud does not confine himself to this first result, but generalising his observation, applies it not only to the hypertrophied spleen in fever, but also to the spleen in the natural state,—in this, following M. Piorry, who, in his memoir, states, "*it is no less extraordinary, that the spleen when healthy diminishes as rapidly under the sulphate of quinine, as it does when in a state of disease.*" This is so extraordinary a fact, that one must possess the conviction peculiar to M. Piorry, not to perceive, that what he wished to establish in his memoir, as to the properties of the sulphate of quinine, is, by it, completely and definitely overturned. Considering that in a certain class of subjects, in whom the spleen is healthy, the gastro-splenic region, nevertheless, presents a dulness sufficiently great to lead at first to the idea, that there is a universal developement of the spleen, and having put forth the opinion that the dulness probably depends on the empty state of the stomach and transverse colon, whose walls lie in apposition, M. Gouraud asks, in what class of subjects is it, that this purely physioloical phenomenon is perceived? Inquire,



and you will find, it is those who have not recently drank. In what class is the phenomenon absent? In those who, within the last quarter or half an hour, have swallowed some liquid." It is impossible not to admit the exactness of the facts and the reasoning employed, and from these follow results equally advantageous to science; first, the discovery of an error; and next, the acquisition of a fact, the importance of which, M. G. has not sufficiently insisted on, viz. the production and development of gas at the moment a fluid is taken into the stomach. We entirely coincide with M. Gouraud, in the following conclusion, viz. "That in order to decide with certainty that gastro-splenic dulness is dependant on hypertrophy of the spleen, the degree of this dulness in the normal state, and under different physiological conditions, independent of disease, must be first ascertained. Before terminating his letter, the author points out one mode which has appeared of some value in appreciating the size of the spleen under certain circumstances, and which has not been alluded to in the article "Exploration of the Spleen," in the *Traite de Semeiologie*;—and that is to cause the patient to make a violent expiratory effort with the abdominal muscles. By the contraction of the diaphragm, all the organs below it are pushed downwards; and the spleen in particular, which descends more than an inch, and becomes quite distinct to the touch.

Having thus stated, as clearly and shortly as possible, the facts brought out in the letter of M. Gouraud, we ought also, perhaps, to give the answer of M. Piorry, and the reply by M. Gouraud; but the task is not an easy one; suffice it to say, M. Piorry has repeated the experiments with most fluids, and has not attained the results related by his opponent; he has also repeated those with a solution of quinine, and obtained the same effects as formerly. M. Gouraud has also repeated these, and again arrived at the conclusions above detailed; he concludes the discussion with these words: "I continue to maintain the general fact which I have announced, viz. that the disappearance of dulness in the splenic region appears to be dependant on the ingestion of fluid, rather than on the action of sulphate of quinine." Between opinions so opposite, and facts so directly contradictory, it is impossible to decide; the determination lies in an appeal to new facts, observed and reported by those who are not personally interested in the question. Without leaning to one more than the other, we conclude with the words of M. Gouraud: "Practitioners, and those who have clinical opportunities, must decide the question; as for me, I will range myself on the side of truth, be it for or against me, whenever that truth is demonstrated; but it must be first demonstrated."—*Lond. and Ed. Month. Journ. of Med. Sci., from Journal des Connaissances Medico-Chirurgicales*, as quoted in *Gazette Medicale*.

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*Extra Uterine Fætation*.—Dr. Joseph Edmundson, of Carrick-on-Suir, has sent us the following case:—On Tuesday evening last, at

ten o'clock, I was requested to visit a poor woman, named Kuvan, who had been in labour since four o'clock on Sunday morning (sixty-six hours.)

She stated to me that this was her fifth pregnancy, that the full term of gestation had expired, but that she never had experienced such severe labour in any of her former confinements. Her countenance was expressive of great anxiety; extremities cold; tongue white and dry; pulse 130; very weak; abdominal tenderness and great prostration of strength; no discharge of liquor amnii; vagina cool and moist; os uteri dilated to about the size of a crown piece. I thought I felt a head presentation; not having passed any water for several hours, I introduced the catheter, and drew off about  $\frac{3}{4}$  xij. of turbid foetid urine.

I then left her, having directed her to use some stimulants, and to have heated bricks immediately applied to the feet.

Two o'clock.—Pulse 125; somewhat stronger; abdominal tenderness increased, particularly at the left side; os uteri in the same state; but I could not detect any presentation; slight hæmorrhage, about  $\frac{3}{4}$  iij, of blood, or perhaps a little more. On inquiry I was told that she had had one short violent pain, and that the uterus had not acted since; that the pain was succeeded by vomiting. I now looked upon it as a case of ruptured uterus; the prostration of strength was such that I did not feel myself justified in attempting to turn; I administered a small dose of tinct. opii and spt. ammon. aromat. to check the vomiting, and ordered the stimulants to be continued.

I visited her every two hours, until one o'clock, P. M. Wednesday; the pulse was then a little firmer, but no other change had taken place; I determined to give her a chance, and make an attempt at turning the child. There had been no return of hæmorrhage; the vagina rather hot, but still moist and dilatable. Without much difficulty I introduced my fingers and thumb (as far as the metacarpus) into the uterus, but could not succeed further; the uterus was acting powerfully, notwithstanding my having given a dose of tinct. opii previously to, and having repeated it whilst attempting to turn. I was obliged to withdraw my hand, and desist from any further attempts; she sank rapidly, and died at half-past six o'clock the same evening.

I was requested at nine o'clock (two and a half hours after death) to remove the child, for the purpose of having it buried separately.

Having made an oblique incision in the left side of the abdomen, I discovered an extra uterine foetation. A fine full-grown female child was lying on the left side, between the intestines and the peritoneal lining of the abdominal parietes, the head being placed in the left iliac region. The infant was perfectly formed, and of the usual size, having lived to the full period. It had not undergone the slightest degree of decomposition, but the face was swollen and greatly contused.

The left Fallopian tube was ruptured to the extent of about



two and a half inches ; the uterus was greatly hypertrophied, being about the size of a fœtal head of the sixth month ; the cavity in the uterus was about four inches long, and contained some clotted blood ; the placenta appeared to be about the usual size.

From the time I had seen her, I could not detect any stethoscopic signs of fœtal life, and the mother told me that Monday was the last time she was sensible of the existence of the child.—*Lond. Med. Times.*

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*Recovery from apparent death by cold ; remarkable effect of birch-tar.*—The body of a man, ætat. 45, was discovered, perfectly stiff and cold, but not entirely frozen ; his mouth could not be opened by any means ; no sign of respiration or arterial action could be detected. After the body had been softened by frictions with snow, rags dipped in cold water, and woollen cloths, the lungs were inflated, and clysters of tobacco were administered without effect ; as a last resort, the author placed the body on a straw mattress, with the head raised, and ordered the sexual organs, particularly the scrotum and perinæum, to be well rubbed with birch-oil, when very soon a sound like bleating was heard ; and after the frictions had been extended to the abdomen and upper parts of the vertebral column, further signs of life appeared. He was then laid in a warm bed, where he soon recovered his senses, and fell into a sound, healthy sleep. The birch-oil is very much used in Russia as a domestic remedy, both to sober drunken people and to cause them to dislike spirituous liquors. In both cases the sexual organs are rubbed with it, and a violent headache is said to arise, which lasts for a day or two. It is also taken internally, as a popular remedy for dropsy and rheumatism.—*Ibid.*, from *Dr. Kostroff in Medic. Zeitung Russlands.*

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*Treatment of Hypertrophy of the Heart.*—The author gives his opinion against the usual method of treatment by blood-letting in hypertrophy of the heart. The hypertrophy causes a disturbance of the bodily equilibrium, and the whole body becomes emaciated, whilst the functions and dimensions of the heart increase. The frame ought rather to be strengthened by a mild nourishing diet, and every excitement avoided. The inutility of fox-glove need not be expatiated upon, since it is generally acknowledged ; nor do the combinations of iodine counteract the cardiac hypertrophy ; besides, they are frequently contraindicated by bronchial catarrh, cerebral congestion, &c. The author recommends mercury in the form of proto-ioduret (*mercur. iodat. flavus*) till severe salivation be induced. The patients must remain in bed, be well covered, and take diaphoretic drinks and purgatives. The fibrin of the blood is diminished by the above treatment, and the muscular tissue altered. The author never perceived vascular excitement ensue from the treatment he recommends, in proof of which he narrates five cases.—*Ibid.*, from *Dr. Gottschall, of Cologne, in Caspar's Wochenschrift.*

**Enormous Hypertrophy of the Spleen.**—Dr. Steinbeck observed an enormous hypertrophy and induration of the spleen in a weak country woman, who had frequently suffered during the last ten years from paroxysms of fever, which she used to suppress by fever powders. A hard and unpainful swelling was perceived in the region of the spleen, becoming more and more distinct by the patient's emaciation, which constantly increased. The author first ordered solvent extracts with purgatives internally, and emollient cataplasms, and afterwards emplastr. cicutæ externally. As this treatment, with muriate of ammonia and tartrate of antimony, produced no effects, he ordered iodine externally and internally; within a week a diminution of the tumour was perceptible, and after three weeks the swelling could scarcely be perceived. The hardness of the spleen could only be felt on pressure. The patient continued the use of the iodine, and ultimately took iodide of iron, which caused a great improvement, and restored her to perfect health.—*Ibid*, from *Preuss. Ver. Zeitung*.

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**Antrum Tubæ of Ræderer.** By Dr. RITCHIE, Glasgow.—This modification of the structure of the curved and sacculated distal extremity of the Fallopian tube, which was first described by Ræderer, and afterwards by Montgomery, has been suggested by Dr. Ritchie to be pathological. He says, "In occasional instances, both of women who have not borne children, and of such as have been mothers, one, and sometimes two portions of this vesical-like process project from the line of the tube, in the form of well-defined chambers or recesses. These affect a globular shape externally, and are sometimes so thin as to be translucent, while, internally, the muscular fibrils of the tube are gathered into bundles around the neck or orifice of the little chamber,—the whole forming a structure not unlike a miniature hernial sac, and communicating the impression, that the muscular layer of the canal had gradually given way under some mechanical force, such as that of the tube frequently and strongly compressed,—distending the mucous lining, and separating the muscular fibres, till at length the inner and outer, or peritoneal, coats were protruded beyond the muscular layer, after the manner of a direct ventral hernia, the fleshy fibrils of the latter being found arranged around its neck.—*Lond. Med. Gaz.*

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**On the Remedial Efficacy of Ox-Gall.**—Dr. Allnatt of London, in a paper under this title, in a recent number of the *Lancet*, brings forward additional testimony to the beneficial effects of ox-gall in cases of constipation of the bowels.

Habitual constipation (Dr. Allnatt observes) in persons of sedentary habits, generally arises from a deficiency of bile, the motions are clay-colored, the more fluid parts become absorbed, and scybala are impacted in the large intestines. When portions of scybala removed



from the body, are subjected to the action of ox-gall, they become immediately broken down and dissolved, and this effect follows when diluted ox-gall is used in the form of enema. Two cases are related in which this remedy was employed in this way:—

“A young lady, aged 20, suffered from obstinate constipation, which had persisted upwards of a fortnight. She had been treated previously by drastic purgatives, which produced pain and vomiting, and a feeling of general uneasiness, combined with ineffectual attempts to pass an evacuation. The lower portions of the intestines were evidently obstructed by impacted scybala. Injections containing turpentine were first administered without affording relief. Two ounces of ox-gall, with about half a pint of thin gruel, were next thrown into the rectum; the exterior parts of the hard mass became immediately dissolved, and in the course of ten or fifteen minutes the whole was ejected, to the instantaneous relief of the symptoms.”

“A lady, aged 77, living in the country, to whom the author was hastily summoned, was apparently sinking from the effects of unrelieved constipation. Excrementitious vomiting had taken place, and the powers of life seemed waning. The question was, whether or not, from the violence of the inverted action, of the intestines, intussusception had occurred. On examination, I thought I could detect a hardened mass impacted about the head of the colon, and evidences of accumulation below that point. I therefore advised, as a last resort, an enema of ox-gall and turpentine (the latter more as a stimulant to the inactive bowel than for any specific effect) with thin gruel, to be vigorously injected, warmed, and as far as possible into the intestine. In less than half an hour a mass of scybala was expelled, the exterior of which had been imperfectly softened by the action of the gall, covered with a coating of thick mucus. Other portions speedily followed, and convalescence ensued.”

In the form of pill, in the dose of five grains three times a day, the ox-gall acts with almost specific certainty (according to Dr. Allnatt) in cases of habitual constipation, accompanied by indigestion, clay-colored stools, and a feeling of oppression after food. It acts by supplying the natural stimulus to the intestines, and an advantage it possesses is its perfectly harmless nature. It does not, however, appear to be so well suited to constipation depending upon other causes, and when the liver begins to assume its healthy action the ox-gall must be discontinued, as it will then produce all the symptoms of regurgitation of bile into the stomach.

Dr. Allnatt lastly alludes to another point connected with the administration of the ox-gall, which, if borne out by subsequent experience, will render it a still more useful medicine—viz., its power of destroying the narcotizing property of opium when combined with it. “The constipating effect of opium, Dr. Allnatt observes, is principally produced by its action upon the liver, the secretion of which it arrests and renders insufficient for the due stimulation of the alimentary canal. In many cases this is a serious drawback to the exhibition of opium, for we often require its sedative when its constipating effects

would be sufficiently injurious to preclude its use. Five or eight grains of inspissated ox-gall will neutralize the effect of a grain of opium without destroying its sedative efficacy; it also prevents in a great measure its injurious action upon the brain."—*Dublin Medical Press*.

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*Remarks on Strychnia as a Remedy in Chorea.*—In the same number of the *Lancet*, Dr. Ross, of Boulogne, calls the attention of the profession to strychnia as a remedy in chorea, and relates two cases in which it proved effectual; neither of these, from the description, however, appear to have been very aggravated forms of the disease.

The first case in which strychnia was employed by the author occurred in the year 1830; it was that of a delicate girl of 12 or 13 years of age, who came under his care as a hospital patient, having been previously for some weeks under other treatment. "Many of the eccentric symptoms of this singular disease were most distinctly marked; from having been very expert with her needle, she was rendered incapable of using it; her attempts to thread it were almost ludicrous." The strychnia was prescribed in the dose of the eighth or tenth of a grain twice a day; on the second or third day, through a mistake, an overdose was taken, which produced convulsive twitches, &c., but subsided on the discontinuance of the medicine, and with them all symptoms of the disease. In a day or two afterwards she was able to thread a fine needle, and at the end of a week she was dismissed cured. A year afterwards she had remained quite well.

The second case was a girl about the same age, also an hospital patient. The same treatment was adopted; no unpleasant effects followed the administration of the strychnia as in the former, and after a few days the symptoms gradually subsided, and she was dismissed well at the end of a fortnight.

Dr. Ross has not found the strychnia to bear out the favourable account which is given of it in the treatment of paralysis; but in chorea, in the limited number of cases in which he has employed it, he is much satisfied with its good effects, and recommends it for a further trial.—*Ibid*.

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*On frontal and temporal Neuralgia.*—The external application of croton oil has the great disadvantage of spreading in its effects beyond the place of application, and of causing a disagreeable eruption. This disadvantage can be avoided, and the same effects produced by the application of *Ol. cort. hyoscyam.* with one grain of acetate of morphia, in the following manner:—A mustard poultice, prepared with cold water, is applied over the situation of the pain, and allowed to remain for an hour; frictions with the above oil are then repeated every two hours. The mustard-poultice is reapplied on the following day, according to circumstances. From four to five applications are generally sufficient to cure the most obstinate neuralgia.—*Ibid*, from *Dr. Puppi in Asterr. Medic. Wochenschrift*.